

**Montco 2040 Implementation Grant Program  
Montgomery County, Pennsylvania  
Payment Request Form**

Please remit form to: Montgomery County Office of Housing and Community Development, PO Box 311, Norristown, PA 19404-0311

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Is This A Final Or Interim Payment Request? \_\_\_\_\_ Final \_\_\_\_\_ Interim

Initial Project Funding Date: \_\_\_\_\_

Indicate Approximate Percentage Of Project Completed: \_\_\_\_\_

Expense Total (Attach Copies Of Payment Checks As Applicable): \_\_\_\_\_

Reimbursement Percentage And Amount Of Payment Request: \_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify that I have reviewed the attached invoice and find that, to the best of my knowledge, this payment request is an accurate and complete documentation of the project costs and complies fully with all requirements of the Montco 2040 Implementation Grant Program and is in accordance with the provisions of the project Funding Agreement. Accordingly, I have enclosed one copy of the subject invoice and do hereby request reimbursement / authorize payment on behalf of the Grantee named below.

Applicant/Organization Name & Address _____ _____ _____ Telephone: _____	Signature: _____ Name: _____ Title: _____ Date: _____ EMail: _____
--	--

**For Montgomery County Use Only:**

COMPLIANCE DOCUMENTATION

Contract documentation received: \_\_\_\_\_

Project up to date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FUNDING DOCUMENTATION

Payment Number: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Net Amendments: \_\_\_\_\_

Previous Payments: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Authorized Payment: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

Project Manager \_\_\_\_\_ Date \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Vendor Number: \_\_\_\_\_

GL Number: \_\_\_\_\_

\_\_\_\_\_ Fiscal Manager \_\_\_\_\_ Date \_\_\_\_\_

Date Received

Date Paid