

Complete the information requested. The instructions are located on the last page of this form.

Grantee Information:

1. Grantee Name (As Appears on Grant Agreement)
2. Grant Number (Assigned by CalRecycle)
3. Grantee Invoice Number (Optional)
4. Payment Request Number
5. Expenditure Period
6. Type of Payment Request
<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final
7. Amount Requested
\$

Send Warrant To:

8. Grantee Name (Organization/Business Name)	9. Attention To
10. Address	11. City
12. State	13. Zip Code

14. I certify, under penalty of perjury under the laws of the State of California, that the above information is true and correct and that all costs for which reimbursement is requested herein were incurred in accordance with the above referenced CalRecycle Grant Agreement.

Signature of Signature Authority
or Authorized Designee
(as authorized in Resolution,
Letter of Commitment, or Letter of Designation)

Date

Print Name

Title

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15. Requested Amount
\$
16. Additions or Deductions Subject to Withhold
\$
17. Subtotal
\$
18. Less Withhold (If Applicable and Authorized in Grant Agreement)
\$
19. Additions or Deductions Not Subject to Withhold
\$
20. Approved Amount for Payment
\$
21. Comments
22. Date Received

Approval Signature of CalRecycle
Grant Manager

Print Name

Date

Approval Signature of CalRecycle
Program Manager

Print Name

Date

Information and instructions for completing the form.

Item	Title	Description
1.	Grantee Name	Organization or business name as it appears on the grant agreement
2.	Grant Number	Grant number assigned by CalRecycle as it appears on the grant agreement
3.	Grantee Invoice Number (Optional)	Number assigned to the payment request form by the grantee
4.	Payment Request Number	Start with 1 for the first payment request (including Advances) and number all subsequent payment requests consecutively. It should match the number in GMS.
5.	Expenditure Period	Expenditure period extends from the first date to the last date the expenses were incurred.
6.	Type of Payment Request	Reimbursement—the typical payment request is paid on a reimbursement basis Advance—available only upon prior approval of grant manager Performance—applicable for greenhouse gas funded grant programs Final— final grant payment request for the project
7.	Amount Requested	Amount being requested for payment
8.	Grantee's name (Organization/Business Name)	As it appears on grant agreement
9.	Attention To	Contact to receive the check
10.	Address	As it appears on grant agreement. If this information has changed, contact Grant.Assistance@calrecycle.ca.gov .
11.	City	As it appears on grant agreement. If this information has changed, contact Grant.Assistance@calrecycle.ca.gov .
12.	State	As it appears on grant agreement. If this information has changed, contact Grant.Assistance@calrecycle.ca.gov .
13.	Zip code	As it appears on grant agreement. If this information has changed, contact Grant.Assistance@calrecycle.ca.gov .
14.	Certification	Print or type name and title of person authorized in the resolution, letter of commitment, or letter of designation included with the grantee's application. Authorized person signs and dates

CalRecycle Staff Use Only

15.	Requested Amount	Amount requested by the grantee
16.	Additions Or Deductions	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager.
17.	Subtotal	Amount subject to the withhold and calculated by the CalRecycle Grant Manager
18.	Less Withhold, (If Applicable And Authorized In Grant Agreement)	Withhold amount authorized in the Grant Agreement and calculated by the CalRecycle Grant Manager
19.	Additions or Deductions Not Subject To Withhold	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager (e.g., at the end of the grant, the CalRecycle Grant Manager releases the amount withheld)
20.	Approved Amount for Payment	Amount approved for payment by the CalRecycle Grant Manager
21.	Comments	Comments about additions, deductions or general comments related to this payment request
22.	Date Received	Date payment request was received by CalRecycle

CalRecycle Staff Send Payment Request to
Accounting.GrantPaymentRequest@calrecycle.ca.gov