

REQUEST FOR PAYMENT - PROPOSITION 84 GRANT PROGRAMS

Mail to: SNC, 11521 Blocker Dr. Suite 205, Auburn, CA 95603 Attn: Invoice Processing

DATE:		REPORT PERIOD:			
AGREEMENT NUMBER:		SNC NUMBER:			
AGREEMENT TERM:					
GRANTEE NAME:					
ADDRESS:					
CITY/STATE/ZIP:					
CONTACT PERSON:		PHONE/FAX:			
PROJECT BUDGET CATEGORIES PER EXHIBIT A	BUDGETED EXPENSES	EXPENSES THIS REPORTING PERIOD	YEAR TO DATE (YTD) EXPENSES	BALANCE (BUDGETED EXPENSES LESS YTD EXPENSES)	% OF ACTUAL YTD EXPENSES TO BUDGETED EXPENSES
A				0.00	
B				0.00	
C				0.00	
D				0.00	
E				0.00	
F				0.00	
G				0.00	
H				0.00	
I				0.00	
J				0.00	
K				0.00	
L				0.00	
TOTAL PROJECT COSTS	\$0.00	\$0.00	\$0.00	\$0.00	
REQUEST FOR REIMBURSEMENT REPORT PERIOD EXPENDITURES:	\$0.00	CERTIFICATION: By my signature below, I certify that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this report, and any accompanying documents, for the above-mentioned Grant are true and correct to the best of my knowledge, and all disbursements have been made for the purposes and conditions as outlined in the Grant Agreement.			
WITHHOLDING OR OTHER ADJUSTMENTS (IF ANY):					
AUTHORIZED ADVANCE BALANCE (IF ANY):					
AMOUNT APPLIED TO ADVANCE REPAYMENT:					
REQUESTED REIMBURSEMENT:	\$0.00				
		Print Name:			
		Signature:			
		Date:			