AGFD Form C5

ARIZONA GAME AND FISH DEPARTMENT
GRANT PAYMENT REQUEST

(Instruction on reverse)

1. Department Agreement Number: Project Title: Subgrantee:	2. Contact Name: Phone Number: Email Address:
3. Mailing Address:	4. Type of Payment: ☐ Reimbursement ☐ Final

5. Payment Request #:	6. Period Covered by this Request: **From:** **To:**	*Detailed expenditure record must be attached. Attach Record

7. Approved Scope Items:	Reimbursement Amount
TOTAL INVOICE AMOUNT:	$ 0.00
MATCH:	
TOTAL REIMBURSEMENT REQUEST %:	$ 0.00

CERTIFICATION

I certify that this request is correct and is based upon actual commitments /obligations of the Subgrantee; that payment from the State has not yet been made or received; that the work and services are in accordance with the project as approved, including amendments thereto; and progress of the work and services under the project is acceptable and is consistent with the amount requested.

Signature: **Date:**

FOR DEPARTMENT USE ONLY

Grant Award:

Payments to Date:

Amount this Payment:

Total Payments: $ 0.00

Remaining Balance: $ 0.00

Program Coordinator Approval Date

Accounting Approval Date

Instructions for Completing the Grant Payment Request Form

In order to received payment grantees are required to register an account on Arizona Procurement Portal (APP). If you have any questions, please contact the APP Help Desk by calling (+1-602-542-7600) or emailing support to: app@azdoa.gov. Please note phone hours are Mon-Fri 8:30am-5pm. Additional resources are also available on the SPO Website: https://spo.az.gov/suppliers/app-support

Item 1: Enter the Department Agreement Number, project title and participant name as shown on the Collection Agreement.

Item 2: Enter the name, phone, and email of the grant contact person.

Item 3: Enter the mailing address of the grant contact person.

Item 4: Check the appropriate box.

Item 5: Indicate the payment request number. Payment requests are numbered consecutively, beginning with #1.

Item 6: Enter the month, day, and year for the beginning (From) and ending (To) of the period for which request is prepared. The dates inserted must fall within the project period indicated on the Collection Agreement.

Item 7: List the approved scope items as specified on eligible projects on the Collection Agreement. Costs entered in the "Expenditures this Request" column must equal the total cost expended by the subgrantee for reimbursement projects.

Certification: The individual authorized in the Collection Agreement shall sign and date the payment request.