

ARIZONA DIVISION OF EMERGENCY MANAGEMENT REQUEST FOR PAYMENT FORM

Proclamation # _____ Applicant Name _____

Instructions for Applicant's Authorized Representative:

For each PW enter PW Amount, % Complete, Date Complete and Amount Requested. Sign and Date where indicated. Attach a one-page summary of costs you are claiming, clearly identifying each cost by corresponding PW number. Please do **NOT** include invoices or proof of payment; we will review supporting documentation at the Final Inspection once the project is complete. Please send your request to:

Anthony Cox, Infrastructure Branch Manager
Arizona Division of Emergency Management
5636 E. McDowell Road, Bldg. 5507
Phoenix, Arizona 85008-3495

| PW Number | PW Amount | Percent Complete | Date Complete | Amount Requested |
|-----------|-----------|------------------|----------------|------------------|
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| | | | Total → | \$ |

I hereby certify that all costs claimed hereon are eligible in accordance with A.R.S. 35-192, as amended, all work claimed is complete as shown, and costs are supported by documentation available for review in our office.

Signature of Applicant's Agent

Printed Name of Applicant's Agent

Date

Applicant Agent's Phone Number

| For ADEM Use Only | | |
|-------------------|--------------|------|
| Amount | Approved By: | Date |
| | | |

| For ADEM Use Only | | |
|---|----------------|---------------------|
| RECEIVED BY: _____ (INITIALS & DATE) | September 2013 | FORM # AZ PA 204-15 |