

INDIANA BROWNFIELDS PROGRAM - DISBURSEMENT REQUEST FORM

Instructions: This Disbursement Request Form is to be typed and completed by the Consultant for each payment request.

- The Disbursement Request Form is to be used for all eligible costs incurred by the Consultant that are associated with the Auto Sector Initiative Award Recipient's/Community's brownfields redevelopment project.
- Attach a copy of the claim (a bill, invoice or a statement) supporting this Request.
- Requested amounts must be rounded to the nearest whole dollar.
- Attach the Program change order approval if any part of the current claim is a result of a change order.

1. Consultant: _____
2. Contact Person: _____
3. Mailing Address: _____

4. Phone No.: () _____
5. Email: _____

6. Consultant's Authorized Representative: _____
7. Authorized Representative's Phone No.: () _____

8. Payment/Wiring Instructions
8a. Bank Name: _____
8b. Bank Contact, Phone Number: _____
8c. Account Number: _____
8d. ABA/Routing Number: _____

9. Brownfields Program Site Number: _____
10. Project Name: _____

11. Pay Request No. (Invoice No.): _____
12. Description of work for which claim is being made (service, fees, type of, etc.): _____

13. Auto Sector Initiative Award Recipient/Community: _____
14. Contact Person: _____
15. Email: _____

16. Amount of this Request: \$ _____
17. Original Bid Amount: \$ _____
18. Total Amount of Previous Disbursements: \$ _____
19. Balance Available after this Disbursement: \$ _____

20. Is any part of this claim a result of a change order? YES _____ NO _____

*If yes, please attach the Program change order approval

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is due in accordance with the Consultant's Professional Services Contract and Project Amendment with the Authority.

AUTHORIZED REPRESENTATIVE SIGNATURE

Date