

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION
 RESIDENTIAL RECYCLING GRANT PROGRAM
 REQUEST FOR PAYMENT

GRANTEE NAME:	
GRANT AMOUNT REQUESTED: \$ _____	THIS PAYMENT REQUEST IS A: PARTIAL <input type="checkbox"/> OR FINAL <input type="checkbox"/>
TIME PERIOD COVERED BY REQUEST:	

Reimbursement Request Table:				
# of Carts	Cost/Cart	Total Amount	Local Match Amount Provided (50% of total amount)	Grant Amount Requested (50% of total amount)
	\$	\$	\$	\$

The Grantee must include proof of payment to the cart vendor (such as cancelled checks, vendor invoices, ACH, wire transfer confirmations, bank statements, etc.) and proof of receipt of goods with each request for payment. The State will reimburse the Grantee 50 percent of the eligible payments made by the Grantee up to the final grant amount, less a five percent retention amount that will be paid when the final report is received.

By submitting and signing this request for payment, the Grantee certifies that all expenditures contained herein are eligible for reimbursement under this grant. The grantee acknowledges that falsification of records may result in the termination of the grant contract and other appropriate legal remedies.	
_____ Grantee's Signature	_____ Date

Mailing address for completed Request for Payment:
 MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION
 SOLID WASTE SECTION
 PO BOX 30241
 LANSING, MICHIGAN 48909-7741

Approved to Process Payment of: _____	Approved By OWMRP: _____
_____ Project Manager	_____ Chief, Solid Waste Section
_____ Date	_____ Date