

**Payment Request Form – Form J**  
**San Gabriel and Lower Los Angeles Rivers and Mountains Conservancy (RMC)**

900 South Fremont Avenue, Annex, 2nd Floor, P.O. Box 1460, Alhambra, CA 91802-1460

<b>1. DATE OF PAYMENT REQUEST</b>	<i>FOR RMC USE ONLY</i>
<b>2. GRANT NUMBER RMC</b>	
<b>3. GRANTEE NAME</b>	
<b>4. PROJECT TITLE</b>	
<i>APPROVAL/CODING LABEL</i>	
<i>APPROVAL/CODING LABEL</i>	
<b>5. TYPE OF PAYMENT</b> ▶ <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> FINAL	

**6. PAYMENT INFORMATION :**

		<u>GRANTEE</u>	<u>ACCOUNTING USE ONLY</u>
<b><u>WORK PERFORMED:</u></b>			
FROM: _____ TO: _____ Beginning & Ending dates of work performed during the invoiced period. Dates may NOT exceed the date of this form or the Performance Period END DATE of the GRANT.			
a. <b>ORIGINAL</b> Amount of Grant	\$		
b. <b>TOTAL</b> Payments <b>REQUESTED</b> to Date (Including Retention)	\$		
c. <b>AVAILABLE</b> Grant Balance (a minus b)	\$		
d. <b>TOTAL</b> Amount of <b>this</b> Payment Request (Including Retention)	\$		
e. <b>LESS</b> 10% Retention of <b>this</b> Payment Request (10% item d)	\$		
f. <b>ACTUAL</b> Payment <b>ISSUED</b> for <b>this</b> Request (d minus e)	\$		
g. <b>AVAILABLE</b> Grant Balance <b>AFTER</b> <b>this</b> Payment Request. (c minus d)	\$		
h. <b>TOTAL Retention</b> held to date ( b + d ) x 10%	\$		
i. <b>TOTAL Remaining</b> Grant Balance, including Retention held. (g + h)			

**7. MAKE WARRANT PAYABLE TO:**

GRANTEE NAME <b>(OR)</b> <i>(see rev side)</i>	_____
PAYEE NAME (If different from Grantee)	_____
STREET ADDRESS	_____
CITY, STATE, ZIP CODE	_____
<b>ATTENTION:</b>	

<b>Authorized Signature - GRANTEE</b>	<b>TITLE</b>	<b>DATE</b>

**FOR RMC USE ONLY**

<b>Authorized Signature - PAYMENT APPROVAL</b>	<b>TITLE</b>	<b>DATE</b>

An approved Payment Request Form (Exhibit J) constitutes a valid invoice for payment.

## PAYMENT INSTRUCTIONS

The following instructions correspond to items on the Payment Request Form:

1. DATE of PAYMENT REQUEST – Date Payment Request was submitted
2. GRANT NUMBER – RMCXXXX As shown in Certification of Funding section of the Project Grant
3. GRANTEE – Name of Grantee as shown on the Project Agreement
4. PROJECT TITLE – Title of Project for which payment is requested
5. TYPE OF PAYMENT – Check appropriate box
6. PAYMENT INFORMATION

WORK PERFORMED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**This is now required by STATE CONTROLLER. Payment cannot be made without this information.**

Beginning & Ending dates of work performed during the invoiced period.

Dates may NOT exceed the date of this form or the Performance Period END DATE of the GRANT.

- a. **ORIGINAL** Amount of Grant
- b. **TOTAL** Payments **REQUESTED** to Date (Including Retention)
- c. **AVAILABLE** Grant Balance (a minus b)
- d. **TOTAL** Amount of **this** Payment Request (Including Retention)
- e. **LESS** 10% Retention of **this** Payment Request (10% item d )
- f. **ACTUAL** Payment **ISSUED** for **this** Request (d minus e)
- g. **AVAILABLE** Grant Balance **AFTER** **this** Payment Request. (c minus d)  
*Grantee should use this figure to budget expenses for the remaining tasks of the agreement.*
- h. **TOTAL Retention** held to date ( b + d ) x 10%
- i. **TOTAL Remaining** Grant Balance, including Retention held. (g + h)

7. **MAKE WARRANT PAYABLE TO:**

GRANTEE NAME: \_\_\_\_\_ (Please do NOT complete both GRANTEE & PAYEE fields)

**OR**

PAYEE NAME: \_\_\_\_\_ (If different from Grantee Name; ie Escrow/Title Co)

8. AUTHORIZED SIGNATURE - Grantee

Payment request forms must be accompanied by a progress report detailing activities completed and an itemized list of all charges documenting check numbers, amounts, dates, recipients, and purpose of the charges.

***Payment requests without complete and accurate documentation will not be approved for payment until required information is received.***