

LaGov No. _____

APPENDIX C

MAIL TO: Department of Natural Resources
Office of Coastal Management
P.O. Box 44487
Baton Rouge, LA 70804-4487

REQUISITION FOR PAYMENT

CONTRACTING PARTY St. Charles Parish

LaGov No. _____

PROJECT NAME "St. Charles Parish Local Coastal Program Implementation"

REQUISITION PERIOD _____ ESTIMATE NO. _____

TOTAL AMOUNT AUTHORIZED _____ ESTIMATED % COMPLETE _____

BUDGET ITEMS	TOTAL AUTHORIZED AMOUNT	PREVIOUS REQUESTS	AMOUNT DUE THIS ESTIMATE	CUMULATIVE TO DATE
TOTAL	\$	\$	\$	\$

I certify that charges reflected are supported by the attached cost documentation which is available in the Contracting Party's and contractor's records.

I certify that the above statement is just and correct and payment has not been received.

SIGNATURE OF CONTRACTING PARTY REPRESENTATIVE

APPROVED: _____
JON TRUXILLO, DNR PROJECT MANAGER