

**PROJECT NAME:** \_\_\_\_\_ **FUNDING RECIPIENT:** \_\_\_\_\_

E. I. # \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

REQUISITION NO: \_\_\_\_\_

DIVISION OF PUBLIC HEALTH  
DRINKING WATER STATE REVOLVING FUND

DATE: \_\_\_\_\_

STATE LOAN NO. \_\_\_\_\_

STATE GRANT NO. \_\_\_\_\_

**ACCOUNT SUMMARY AND REQUEST FOR LOAN/GRANT DISBURSEMENT**

DISBURSEMENT ITEMS	AMOUNT BUDGETED	PREVIOUS DISBURSEMENTS	THIS PERIOD	TOTAL TO DATE	REMAINING FUNDS
CONSTRUCTION					
CONTRACT NAME OR #					
CONTRACT NAME OR #					
LAND AND R.O.W.					
LEGAL AND ADMIN					
ENGINEERING FEES					
INTEREST					
CONTINGENCIES					
OTHER (describe)					
DISBURSEMENT TOTALS					

**SOURCES OF FUNDING**

STATE LOAN					
STATE GRANT					
OTHER (describe)					
OTHER (describe)					
OTHER (describe)					
SOURCE TOTALS (must equal disbursement totals above)					

Borrower/Grantee's Certification	Consulting Engineer's Certification
<p>The undersigned certifies that (1) the amounts requested by this requisition will be applied solely and exclusively to the payment, or the reimbursement of the recipient for the payment, of Project Costs, and (2) any materials, supplies or equipment covered by this requisition are not subject to any lien or security interest or such lien or security interest will be released upon payment of this requisition.</p>	<p>The undersigned Consulting Engineer for the Recipient hereby Certifies that insofar as the amounts covered by this Requisition include payment for labor or to contractors, Builders or materialmen, such work was actually performed or Such materials, supplies or equipment were actually furnished to or installed in the Project.</p>
<p>_____          Recipient's Authorized Representative Name, Title (PRINTED)</p>	<p>_____          Title and Company Name (PRINTED)</p>
<p>_____          Recipient's Authorized Representative Signature      Date</p>	<p>_____          Consulting Engineer's Name (PRINTED)</p>
<p>_____          Recipient's Authorized Representative Signature      Date</p>	<p>_____          Authorized Consulting Engineer Signature                      Date</p>

\_\_\_\_\_  
 Office of Engineering Approver's Name, Title (PRINTED)

\_\_\_\_\_  
 Office of Engineering Approver's Signature Date

**NOTES:**            1. Include copies of all invoices or other acceptable documentation to support above request.