

ATTACHMENT D

DIVISION OF EMERGENCY MANAGEMENT

HURRICANE LOSS MITIGATION PROGRAM

RECIPIENT: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE ____ ZIP: _____ AGREEMENT NO.: _____

PAYMENT NUMBER: _____ PAYMENT TYPE: _____ PROJECT NUMBER: _____

ELIGIBLE COST AMOUNT	PREVIOUS PAYMENTS	CURRENT REQUEST	DEM Use Only	
			Approved	Comments
TOTAL CURRENT REQUEST				

I certify that to the best of my knowledge and belief the above amounts are correct, and that all disbursements were made in accordance with all conditions of the Division agreement and payment is due and has not been previously requested for these amounts.

RECIPIENT SIGNATURE: _____

NAME & TITLE: _____ DATE: _____

_____ TO BE COMPLETED BY DIVISION OF EMERGENCY MANAGEMENT

APPROVED PROJECT TOTAL: _____	
ADMINISTRATIVE COST: _____	GOVERNOR'S AUTHORIZED
APPROVED PAYMENT: _____	REPRESENTATIVE: _____

ATTACHMENT D (Continued)

DIVISION OF EMERGENCY MANAGEMENT

**SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT
CLAIMED FOR ELIGIBLE WORK UNDER
Hurricane Loss Mitigation Program**

RECIPIENT: _____ PROJECT NO.: _____

DEM AGREEMENT NO: _____

Applicant's Reference No. (Warrant, Voucher, Claim check, or Schedule No.)	Date or date range of delivery of articles, period of performance. i.e. (1/11/16-12/15/16)	<u>DOCUMENTATION</u> List documentation (applicant's payroll, material out of applicant's stock, applicant owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the articles or services.	Applicant's Eligible Costs
		TOTAL	

