Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the Nation Housing Act. The information requested does not lend itself to confidentiality.

Mortgagee (Name and	Address)		2. Project (Name and Location)						
Project Number		4. Date Mortgagee Assumed control of Project			5. Date	5. Date Mortgagee Relinquished Control of Project			
Check or Voucher Number (1)	Payee		Item for which	ch Disbursement wa	s made	Paid Date Amount		Audit Check	
	(2)	(3)				(4)	(5)		
I				То	tal this				
sheet									

Note: Disbursements listed herein must be supported by either original or duplicate paid invoices, or photo copies thereof.