

LWCF RECORD OF ELECTRONIC PAYMENT

NPS supplement to the ASAP system

State

Payment No.

Date*

	LWCF Grant No.	ASAP Account ID (if grant has multiple lines, report draws by line)	Request No.	Select Type: Partial, Final or Adjustment	Amount	Period of Performance**	
						From xx/xx/xxxx	To xx/xx/xxxx
1							
2							
3							
4							
5							
6							
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16							
17							
18							
19							
20							
TOTAL (must be same as total requested this date under ASAP)					\$0.00		

Submitted By (Name/Title/Office/Agency):

To (as an e-mail attachment):

elisabeth_fondriest@nps.gov, Insert NPS LWCF contact(s)

* Date of ASAP request - email submission to NPS Regional Office and NPS WASO should be same date of but NO LATER THAN one business day after ASAP request.

** Period of Performance - Enter the month, day, and year for the beginning and ending of the period covered by this payment, i.e., the time period for specific work performed and/or costs incurred that are being reimbursed through the ASAP payment identified herein.

Paperwork Reduction Act Statement: This information collection is authorized by the Land and Water Conservation Fund Act of 1965 (16 U.S.C. 4601-4 et seq.). Your response is required to obtain or retain a benefit. We use this information to obtain payment information for grants. We estimate that it will take 1/2 hour to complete this form, including the time necessary to review instructions gather data and review the form.

You may send comments on the burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW. (2601), Washington, DC 20240. We may not collect or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.