

United States ENVIRONMENTAL PROTECTION AGENCY

OMB Control No. 2030-0020 Approval expires 04/30/2012

U.S. EPA PAYMENT REQUEST

Recipient Name:		Contact Person:		
Fax #:		Phone #: Email address:		
EFT#	Request #	Cash on Hand: \$		
Assistance Agreement	Account No/Activity Code (Superfund Site Specific)	\$ Amount	Mark (X) if Credit	For EPA Internal Use Only
	TOTAL AMOUNT REQUESTED \$			
and that all outlays were mad	knowledge and belief the data above are e in accordance with the grant conditions is due and has not been previously reque	or other		
APPROVALS: Recipient Approving Official's Signature		Date A	pproved	<u> </u>
EPA Certifying Officer Approval		 Date A	pproved	EPA APPROVED AMOUNT For EPA Use Only