



United States
ENVIRONMENTAL PROTECTION AGENCY
U.S. EPA PAYMENT REQUEST

OMB Control No. 2030-0020
Approval expires 06/30/2017

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 \$

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

APPROVALS: _____
Recipient Approving Official's Signature

Date Approved

EPA Certifying Officer Approval

Date Approved

\$ _____
EPA APPROVED AMOUNT
For EPA Use Only