



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
<b>TOTAL AMOUNT REQUESTED \$</b>				

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