

# INSTRUCTIONS FOR COMPLETING DWR 4277a

(To be completed by the Public Agency)

## PART A

### Name of Public Agency

The name should be identical to the name used in the contract with the Department of Water Resources.

### Address and Telephone Number

Self explanatory.

### DWR Contract Number

The number is on the contract.

### Claim Number

Submit no more than one claim per month. The number will be in order of sequence (Claim No. 1, No 2, etc.).

## PART B -- Expenditure Summary

### Budget Line Item Number

This number corresponds to form DWR 4277, "Budget and Expenditure Summary".

### Attachment Number

Numerically identify each attachment, corresponding to form DWR 4277c, "Claim for Reimbursement (Itemized)".

### Description

Identify the material, labor or item being billed. State the vendor's name.

## Project Expenditure

Enter the total dollar amount of the claim being requested by the contractor or vendor.

## SRF Funds Requested

The dollar amount of the line item project expenditure being requested this claim from the SRF fund source. If your project is funded from multiple sources, you must submit to DWR & CDPH copies of all payment requests submitted to each funding source.

## PART C -- Totals

1. Total expenditures and SRF funds requested from the columns in Part B.
2. Total all prior claims - *Do not include this claim.* (See Item on previous claims.)
3. Total of Items 1 and 2.
4. Total retention this claim. (Retention is at the discretion of the State, under the "Conditions of Withholding" article of the contract.)
5. Total retention from all prior claims - *Do not include this claim.* (See Item 6 on previous claims.)
6. Total of Items 4 and 5.
7. Loan amount from the contract.
8. Total of Items 3 and 6.
9. Funds still available -- Item 7 minus Item 8. This amount *must* be equal to or greater than zero.

DO NOT WRITE IN THE BLOCKS MARKED "FOR DWR USE ONLY".

If additional space is required, use a second form DWR 4277a and identify it as "Page Two" in the upper right-hand corner. Show a total only for the last DWR 4277a.

# INSTRUCTIONS FOR COMPLETING DWR 4277c, "Claim for Reimbursement (Itemized)"

## PART A

Self explanatory.

## PART B

### Contract Items

#### Unit

Identify each item by its basic description (each, square foot, linear foot, project, etc.).

#### Quantity

The number of units contracted.

#### Unit Price

The price per unit.

#### This Period

##### Quantity

Number of contracted units this period.

##### Amount

Number of contracted units this period times the Unit Price.

#### Total to Date

##### Quantity

Total units billed including this claim.

##### Amount

Total quantity times the Unit Price.

## PART C

### Amount Earned

Total of "This Period" and "Total to Date" columns in Part B.

### Amount Retained

Zero unless State requires. (Your Agency may be required under its enabling authority to withhold retention.)

### Previous Payments

Self explanatory.

### Amount Due:

1 minus 2 and 3.

### Estimated Percentage and Progress Schedule

Self-explanatory. Required on all contractor items.

## PART D

Part D, 1, 2, and 3 must be signed. Part D, 2 is always signed by a registered civil engineer unless otherwise approved in writing by DWR. Part D, 3 is always signed by the Public Agency's designated representative.

One set of claims must have original signatures. Copies are to be made from the original set. Please submit the original and three copies of the entire claim package to the Department of Water Resources, Safe Drinking Water Office, P. O. Box 942836, Sacramento, CA 94236-0001. In addition, a full copy of the claim package must be sent to your California Department of Public Health District Engineer.