

PART C

	THIS PERIOD	TOTAL TO DATE
AMOUNT EARNED		
AMOUNT RETAINED		
PREVIOUS PAYMENTS		
AMOUNT DUE		

ESTIMATED PERCENTAGE OF JOB COMPLETED _____ %	IS CONTRACTOR'S CONSTRUCTION PROGRESS ON SCHEDULE? YES NO EXPLAIN:
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PART D

1. Certification of Contractor

According to the best of my knowledge and belief, I certify that all items and amounts shown on the foregoing Claim for Reimbursement (Itemized) are correct; that all the work has been performed and/or material supplied in full accordance with the requirements of the referenced Funding Agreement, and/or duly authorized deviations, substitutions, alternations, and/or additions; that the foregoing is a true and correct statement of the contract account up to and including the last day of the period covered by this claim; that no part of the "Balance Due This Payment" has been received, and that the undersigned and his subcontractors have complied with the nondiscrimination provisions of the Funding Agreement.

Contractor

Signature of Authorized Representative

Date

Title

2. Certification of Individual Authorized Representative to Sign Budget and Expenditure Summary

I certify that I have checked and verified the foregoing Claim for Reimbursement (Itemized); that to the best of my knowledge and belief it is a true and correct statement of work performed and/or material included in this claim; has been inspected by me and/or by my duly authorized representative or assistants and that it has been performed and/or supplied in full accordance with requirements of the referenced contract; and that partial payment claimed and requested by the contractor is correctly computed on the basis of work performed and/or material supplied to date.

Signature

Position Title or Registration Number

Date

3. Request for Payment by Entity

The construction of the project is progressing satisfactorily, and to the best of my knowledge the amounts contained in the foregoing Claim for Reimbursement (Itemized) are true and correct statements of actual costs incurred for work performed and I hereby request payment of funds from the Proposition 50 Fund in the amount of \$_____ for reimbursement of eligible project costs estimated above.

Signature

Date

INSTRUCTIONS FOR COMPLETING CLAIM FOR REIMBURSEMENT

(To be completed by the Entity)

PART A

Name of Entity

The name should be identical to the name used in the Funding Agreement with the State.

Source of Other Funds

Name the source of other funds that are funding the project.

LOC Date

The date of your Letter of Commitment.

Funding Agreement Number

The number is on the Funding Agreement.

Claim Number

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

PART B – Expenditure Summary

Line Item Number

This number corresponds to form DWR 9620, Page 1 of 5, Budget and Expenditure Summary.

Attachment Number

Numerically identify each attachment, corresponding to form DWR 9620, page 3 of 5, Claim for Reimbursement (Itemized).

Description

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

Project Expenditures

Enter the total dollar amount of the claim being requested by the contractor or vendor and identify which category the request is being made.

Prop 50 Funds Requested

The dollar amount of the line item project expenditure being requested this claim from the Prop 50 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 Prop 50 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 Funding Agreement.)
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. Grant amount from the Funding Agreement.
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 STATE USE ONLY".

If additional space is required, use a second Claim for Reimbursement (Itemized) and identify it as "Page Two" in the upper right hand corner. Show a total only for the last Claim for Reimbursement (Itemized).

INSTRUCTIONS FOR COMPLETING 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.)

Number of contracted units this period

The number of units contracted.

Unit Price

The price per unit.

This Period

Quantity

Number of contracted units this period.

Amount

Total quantity 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. (Entity 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 State. Part D, 3 is always signed by the Entity'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 two 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 Health Services District Engineer.