



**City of Westfield**

Department of Community Development  
Community Development Block Grant

Contract # \_\_\_\_\_

Purchase Order# \_\_\_\_\_

*Public Service Request for Payment FY 2017-2018*

Agency:			
Mailing Address:	Approved Amount:	Date:	Quarter#:

**Please provide documentation in support of each line item being submitted for reimbursement.**

Budget Line Item Category	Budgeted Amount	Prior Requests Paid to Date	Total of This Request	Grant Balance

**TOTAL AMOUNT REQUESTED FOR THIS QUARTER:** \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that the costs contained within this requisition are true, accurate and complete, I further represent that the costs are adequately documented by the attached source documentation and that all expenses were necessary and directly related to the operation of the Community Development Block Grant (CDBG) program.

\_\_\_\_\_  
Authorized Agency Representative

\_\_\_\_\_  
Date

Reviewed:	
Approved:	
Scheduled:	