

Subcontract Number: _____

ADVANCE REQUEST

Payment Period: _____ to _____ Amount Requested: \$ _____
(Refer to Subcontract Payment Terms)

TO: Northern California Indian
Development Council, Inc.
241 F Street
Eureka, California 95501

From:

ATTN: _____ (Must be as shown on Subcontract)

SECTION 1:

\$ _____ - \$ _____ = \$ _____
Total Amount Previously Requested/Received Total Expenditures to Date Current Cash on Hand

Date Prepared

Phone Number

Preparer's Name & Title

I certify that all of the Financial Information stated above is true in all respects and that all disbursements have been made for the purpose and conditions of the Subcontract.

Type Name & Title

Signature

Date

REMARKS: _____

APPROVED FOR PAYMENT:

CLAIM SCHEDULE NUMBER: _____

Authorized Signature: Administrator

Date

Authorized Signature: Fiscal

MAILROOM USE:

ACCOUNTING USE: