

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

_____ Fund

PAYMENT REQUEST CERTIFICATION

Grantee Information

Grantee Name: **Entity**
Name mgr
Street
City state zip phone number

Grant Agreement #: _____ Fund Grant ## - ###

Amount of Reimbursement Requested: \$ _____

I certify that the goods or services specified on this request for payment were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the grant agreement to which this request for payment relates, and that the amount shown below on this request is correct and approved for payment.

By: _____ Date: _____
(Signature)

Name: _____ Title: _____

Grantee F.E.I.N. / TIN: _____

Please forward purchase receipts and supporting documentation to Susan J. Duke Grant Administrator.

<p><u>For DNR Use Only</u></p> <p>Approved for Payment: _____ Signature</p> <p>Name: _____</p> <p>Date: _____</p>
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