

PUST NON-LEAKING RESIDENTIAL STORAGE TANK GRANT REQUISITION

INSTRUCTIONS: This form must be used to request GRANT disbursements.

1. The Contractors should be paid via a two-party check payable to the contractor/grantee (Applicant/Co-Applicant) if work has not been paid. Direct reimbursement to the grantee (Applicant/Co-Applicant) requires a copy of the invoice and the related canceled check.

The undersigned, on behalf of **(Print Applicant/Co-Applicant Name):** _____
 _____ hereby requisitions the following checks from the New Jersey Economic Development Authority:

<u>Payees</u>	<u>Amount to be Paid</u>			
Grantee: (Applicant/Co-Applicant)				
Name: _____ (Print applicant Name)	\$ _____	Removal	OR	
Contractor Name: _____	\$ _____	Replace	OR	
* Print Contractor name only if work has not been paid for by applicant.	\$ _____	Remove & Replace		

DO NOT WRITE IN THIS AREA
 (Controller/ITS Use Only)
 Date: _____

****Prepare two requisitions if payment will be made to more than one contractor.**

CERTIFICATION

The undersigned hereby certifies to the Authority on his/her own behalf or a duly authorized representative of the grantee.

1. This requisition is to be disbursed on behalf of Grantee under the Grant Agreement have been expended to pay for the costs of the Project and not for any other use or purpose;
2. The work and expenses covered by this requisition have been or will be performed and incurred towards completion of the Project in accordance with the grant agreement; and
3. Capitalized terms used in this Certification shall have the same meaning as ascribed to them in the grant agreement, which relates to the Grant unless expressly indicated otherwise.

GRANTEE: (Applicant/Co-Applicant)

DATE: _____	BY: _____ Name(X) _____ (Signature)	BY: _____ Name: (X) _____ (Signature)	
	PRINT: _____	PRINT: _____	

****Please be advised that the Contractor's signature will not be accepted as an authorized representative of the grantee.**

**DO NOT WRITE BELOW THIS LINE - FOR USE BY
 NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY ONLY**

Applicant Name: _____	Project (P) Number: P _____
Grant Date: _____	Total Amount of Grant: \$ _____
Fund: <u>PUST GRANT</u>	Total Amount of Requested Check: \$ _____
Deliver To: _____	Date & Time Check Needed: ASAP
Reviewed by: _____ Service Administrator New Jersey Economic Development Authority, P.O. Box 990, Trenton, NJ 08625-0990	Approved by: _____ Director of Credit Compliance