##### CHFA-HUD GRANT

##### QUARTERLY DRAW REQUEST

###### To be completed by Sub-grantee Counseling Agency

Date: *CLICK HERE TO ENTER TEXT.* Invoice #: *CLICK HERE TO ENTER TEXT.*

**Agency Name:** *CLICK HERE TO ENTER TEXT.*

**Address:***CLICK HERE TO ENTER TEXT.*

 *CLICK HERE TO ENTER TEXT.*

 Performance Period *(mm/dd/yy - mm/dd/yy):*

*CLICK HERE TO ENTER TEXT.*

|  |  |
| --- | --- |
| Personnel (direct labor) | $ |
| Fringe Benefits | **$** |
| Other Direct Costs | **$** |
| Grand Total | **$** |

**total amount request by agency: *$Click here to enter text.***

**Requested by: Date:** *CLICK HERE TO ENTER TEXT.*

 ***Agency Representation Signature Required***

**=================================================================================**

***FOR CHFA USE ONLY***

**Amount Submitted to Finance for Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Date Invoice Received

#### Payment Approval

## PO#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date Check Mailed to Agency: \_\_\_\_\_\_\_\_\_\_\_\_