Cape May County Open Space and Farmland Preservation
(revised 2/8/16)

Development Payment Request Form

Park/Recreation ________________

Instructions: The local unit shall submit billing based on actual expenditures per the agreement, the Municipality may submit 1 (one) lump sum request for reimbursement of actual expenditures related to this project.

A. Identification:

Project Sponsor: ____________________  Project Number: ________________

Project Name: ____________________  County: ____________________

B. Amount Requested: $______
Please justify this amount under “C. Listing of Expenditures,” below.

C. Reimbursement Request Listing of Expenditures: MUST BE ATTACHED TO FORM, including copies of vouchers, purchase orders, partial payment vouchers, contracts, invoices, and copies of cancelled checks (front & back).

<table>
<thead>
<tr>
<th>Voucher #</th>
<th>Vendor</th>
<th>Description of Work Completed</th>
<th>Amount</th>
<th>Check #</th>
<th>Date</th>
</tr>
</thead>
</table>

(Reimbursement Request Spread Sheet – Itemized detail per project component)

D. Picture of Completed Project Must be Attached.

E. Certification:

I hereby certify that this is an accurate representation of costs incurred in accordance with the Project Agreement, and that I am maintaining a true record of accounts with cancelled checks and vouchers in support of this payment request.

Chief Fiscal Officer (signed) ____________________  Date _____________

(printed) ____________________  Date _____________