

**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).

<u>Voucher #</u>	<u>Vendor</u>	<u>Description of Work Completed</u>	<u>Amount</u>	<u>Check #</u>	<u>Date</u>
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(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 \_\_\_\_\_