

### CONTRACTOR PAYMENT REQUEST

To: County of Riverside  
Continuum of Care  
3403 Tenth St, Suite 310  
Riverside, CA 92501

From: \_\_\_\_\_  
Remit to Name  
\_\_\_\_\_  
Remit to Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Contract Number

Total amount requested: \$ \_\_\_\_\_ for the period of \_\_\_\_\_

Select Payment Type(s) Below:

- Advance Payment \$ \_\_\_\_\_ (if allowed by Contract/Grant)       Actual Payment \$ \_\_\_\_\_ (reimbursement of actual program costs)

Expense Category List each line item as outlined in Contract budget	Current Expenditures

Any questions regarding this request should be directed to: \_\_\_\_\_  
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

\_\_\_\_\_  
Authorized Signature Title Date

#### FOR COUNTY USE ONLY DO NOT WRITE BELOW THIS LINE

Purchase Order # (10) \_\_\_\_\_ Invoice # \_\_\_\_\_

Amount Authorized  
If amount authorized is different from amount request, please see  
attached claim recap for adjustments.

\_\_\_\_\_  
Program Date

\_\_\_\_\_  
Fiscal Date