

APPENDIX E – PAYMENT REQUEST FORM

**Voting Modernization Board
PAYMENT REQUEST FORM**

<p>County Name and Address (including zip code)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p align="center">County Elections Official or Other Contact</p> <p>Name _____</p> <p>Title _____</p> <p>Telephone _____</p> <p>FAX _____</p> <p>Email _____</p>	<p>VMB Use Only:</p> <p>VMB Funding Award Number: _____</p> <p>Funding Award Amount: _____</p> <p>Previous Payments: _____</p> <p>Balance Available: _____</p> <p>Total County Payments: _____</p> <p>Approved for Payment: _____</p> <p>New Balance: _____</p> <p>Warrant Number: _____</p> <p>Warrant Issue Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>VMB Staff Approval: _____</p> <p>Accounting Approval: _____</p>
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<p>Total Amount of Invoices (attached). Invoices must include sufficient detail for the VMB to determine eligibility for payment _____</p> <p>Documentation of County's Matching Payments _____</p> <p>Funds Requested For Payment _____</p>	
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I certify that the documents attached hereto are true and correct copies of invoices for voting system equipment hardware purchased for the Project referenced above and eligible for payment as defined by the VMB Agreement. I further certify that the items identified on these invoices have been received.

Signed _____ Date _____

County Representative Authorized by Resolution