

CITY OF SUNNYVALE – NOVA WORKFORCE SERVICES DEPARTMENT
REQUEST FOR PAYMENT

1. Subcontractor Name: San Benito County Invoice # _____
2. Mailing Address: 481 Fourth Street, 2nd Floor
 Hollister, CA 95023
-
3. Request Period: From _____ to _____
4. Payment is requested for the following budget items (attach backup documentation):

Description	RPI Amount	P2E Amount
a. Staff Salaries		
b. Staff Benefits		
c. Travel		
d. Operating Expenses		
e. Other - Consultant		
f. Total		

5. Current Request \$ _____
6. Cumulative Requests \$ _____ (NOVA to calculate)
7. Matching Expenditures \$ _____ (attach documentation)
8. Accrued Expenditures (not yet paid): \$ _____

CERTIFICATION:

I CERTIFY that to the best of my knowledge and belief this report is true in all aspects and that all disbursements have been made for the purpose and conditions of this grant.

 Authorized Signature Title Date

SEND TO:

NOVA Workforce Board, Attn: Fiscal, 505 W. Olive Ave., Suite 550, Sunnyvale, CA 94086
 Or email pdf to: **kstadelman@novaworks.org**

NOVA WORKFORCE SERVICES USE ONLY

Cash reimbursement for the period _____ is recommended in the amount of \$ _____.

By: _____ Date: _____

Approved By: _____ Date: _____

Budget Reference No.: **515610-5242** \$ _____

515613-5242 \$ _____