

**CITY OF SUNNYVALE – NOVA WORKFORCE SERVICES DEPARTMENT**

**REQUEST FOR PAYMENT**

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

Description	SlingShot (515614)	Regional Training (515617)
a. Staff Salaries		
b. Staff Benefits		
c. Travel / Training Costs		
d. 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: **ljackson@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.: **515614-5242** \$ \_\_\_\_\_

**515617-5242** \$ \_\_\_\_\_