

**WEST COAST INLAND NAVIGATION DISTRICT  
REQUEST FOR PAYMENT CERTIFICATE**

1. PROJECT NAME AND TITLE: \_\_\_\_\_

2. PROJECT NUMBER: \_\_\_\_\_

3. COUNTY: \_\_\_\_\_

4. PROJECT EXPENDITURES SUMMARY:

|                            | TOTAL TO DATE: | THIS REQUEST: |
|----------------------------|----------------|---------------|
| PRE-CONSTRUCTION EXPENSES: | \$ _____       | \$ _____      |
| CONTRACTUAL SERVICES:      | _____          | _____         |
| MATERIALS AND SUPPLIES:    | _____          | _____         |
| OTHER ELIGIBLE EXPENSES:   | _____          | _____         |
| TOTAL:                     | \$ _____       | \$ _____      |

5. WCIND FUNDS REQUESTED: \$ \_\_\_\_\_

6. AMOUNT ALLOCATED BY W.C.I.N.D. \$ \_\_\_\_\_

WCIND FUNDS PREVIOUSLY DISBURSED \$ \_\_\_\_\_

BALANCE AVAILABLE \$ \_\_\_\_\_

WCIND FUNDS REQUESTED THIS PAYMENT \$ \_\_\_\_\_

BALANCE REMAINING \$ \_\_\_\_\_

( ) THE ABOVE EXPENDITURES WERE INCURRED FOR THE APPROVED PROJECT AND THE PROGRESS OF THE PROJECT IS CONSISTENT WITH THE AMOUNT REQUESTED.

\_\_\_\_\_  
County Liaison

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Financial Officer

\_\_\_\_\_  
Date

REVIEWED AND APPROVED:

\_\_\_\_\_  
WCIND Executive Director

\_\_\_\_\_  
Date

