Form 4-A
Outlay Report and Request for Reimbursement for Drinking Water Loans

Type of Request

Loan Identifying Number

Partial Payment Request Number

Period Covered by This Request: From / To

Recipient Organization

Address

City State Zip Code

Payee Name (if different than recipient)

Address

City State Zip Code

Status of Funds

Classification	Eligible Cost	Previous Periods	This Period	Total	Comments
Administrative expenses					
Land, structures, right-of-way					
Engineering basic fees					
Project inspection fees					
Construction costs					
Miscellaneous costs					
Total cumulative costs (all rows above)					
	State share to date				
			State payments previously requested		
			Amount requested for reimbursement		
			Percentage of physical completion		

Certification

I certify that to the best of my knowledge and belief, the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award. Labor costs are compliant with Davis-Bacon provisions.

Recipient

Signature of Certifying Loan Official

Date

Name, Title, and Telephone Number

Consultant certifying to percentage of physical completion on page 1

Signature of Certifying Consultant

Date

Name, Title, and Telephone Number

DEQ Representative

DEQ Project Officer Signature

Date