

This form should be printed after completion, routed for Authorized Signature and sent to TWDB at outlays@twdb.texas.gov in .pdf format

Entity XYZ

Project #: 12345

Total Project Cost

\$20,000,000.00

IUP Year: 2008

(Required for SRF Programs)

Is this the final Request?

Yes

No

Enter Current Outlay Request #

Outlay Request #

Time Period Covered (This Outlay)

Enter Report Beginning Date

From:

To:

Enter Report Ending Date

Requested Reimbursement/Advance Amount:

\$

Enter Amount being requested

Check the appropriate box

Program	Loan/Grant #	Expiration Date	Commitment Date	Closing Date	Amount
CWSRF	L123456	12/31/10	01/01/10	05/10/10	\$ 20,000,000.00
TOTAL					\$ 20,000,000.00

Entity:	Entity XYZ
Entity Address:	123 Texas Avenue
City, State, ZIP:	Entity, Texas 78701

Contact:	<p>← Enter the Project Contact Person and their information here - please be sure to update this information as needed</p>
Contact Title:	
Contact Phone:	
Contact Fax:	
Contact Email:	

Outlay Contact:	<p>← Enter the Outlay Contact Person and their information here - please be sure to update this information as needed</p>
Outlay Contact Title:	
Outlay Contact Phone:	
Outlay Contact Fax:	
Outlay Contact Email:	

Certification: I certify that to the best of my knowledge and belief that the billed costs hereon are in accordance with the above mentioned contract(s) and all work performed is in accordance with said contract(s).

<p>Signature of an Authorized Representative is REQUIRED</p> <p>Signature and Title of Authorized Representative</p> <p>Print or Type the Authorized Representative's Name and Title here</p> <p>Print or Type Name and Title of Representative Signing</p>	<p>Enter the date signed</p> <p>Date Signed</p> <p>Enter the phone number of the person signing</p> <p>Telephone Number</p>
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