



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING AND BUILDING
PAYMENT REQUEST

HSG-1007
1/13/2022

To request reimbursement: complete this form, attach source documents and proof of payment(s), certify information is accurate, obtain an authorized signature, and submit via email to: PL_housing@co.slo.ca.us.

Please do NOT send this request directly to the County Auditor-Controller's Office.

PROJECT NAME			
PROJECT ADDRESS		APN	
SUBRECIPIENT		FUNDING SOURCE	
CONTACT NAME		PROGRAM YEAR	
EMAIL		PHONE #	

LINE ITEM	TOTAL AWARDED	AMOUNT OF THIS REQUEST	PREVIOUS REQUESTS	REMAINING BALANCE
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Itemize all costs by budget line item, arranged in the same order as the approved budget.
Payment requests will not be reimbursed without appropriate documentation.

NOTES:

CERTIFICATION:

☐ I am an authorized and qualified official who reviewed the attached expenditures. I hereby certify that information provided for the period identified is correct, accurate, reliable, and represent authentic records of time and services provided as acquired.

NAME:

SIGNATURE:

TITLE:

DATE:

COUNTY STAFF USE ONLY:

Funds drawn to date:

Finance staff initials:

Remaining balance (after this request):

Date:

Retainer held, if applicable:

IDIS number, if applicable: