

**COUNTY OF FAIRFAX  
CONSOLIDATED COMMUNITY FUNDING POOL  
FISCAL YEAR 2002  
REQUEST FOR PAYMENT AND STATUS OF FUNDS REPORT**

<b>Section I - Request for Payment</b>		
Program Name	Period Covered	Amount Requested
Name and Address of Provider		Purchase Order No.
<b>Section II - Status of Funds</b>		
1. PROGRAM TOTAL		
2. Less: Payments received. Program Year to Date		
3. PROGRAM BALANCE		
4. Eligible expenses to be charged this reporting period		
5. Less: Collections, Program Income, Refunds and/or Miscellaneous Receipts		
6. Less: Estimated County funds on hand at end of Current Quarter		
7. AMOUNT REQUESTED		
8. PROGRAM BALANCE (#3 LESS #7)		
<b>Section III - Certification (Must be Completed by Contractor)</b>		
<p>I certify that this request for payment has been made in accordance with the terms and conditions of the Contract. I also certify that the amount of this Request for Payment is not in excess of needs. I certify that receipts, records and accounts will be made available for inspection of document expenses made and in accordance with the conditions of the contract.</p>		
Date	Preparer's Signature	Title
Date	Reviewers Signature	Title
<b>Section IV - County of Fairfax Use Only</b>		
Program #	Phase #	Contract #
Amount Approved for Payment \$		
Payment Approval:		Date:
Payment Approval:		Date: