

# FLORIDA DIVISION OF EMERGENCY MANAGEMENT

## Request for Advance or Reimbursement for Public Assistance Funds

SUBGRANTEE NAME: \_\_\_\_\_ DEC NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PA ID NO: \_\_\_\_\_

PAYMENT NO: \_\_\_\_\_ DCA AGREEMENT NO: \_\_\_\_\_

	DSR ELIGIBLE AMOUNT	PREVIOUS PAYMENTS	CURRENT REQUEST	DCA USE ONLY	
				APPROVED FOR PAYMENT	COMMENTS
DSR# _____ CATEGORY _____ % COMPLETE _____					
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DSR# _____ CATEGORY _____ % COMPLETE _____					

TOTAL CURRENT REQUEST \$ \_\_\_\_\_

I certify that to the best of my knowledge and belief the above accounts are correct and that all disbursements were made in accordance with all conditions of the DCA agreement and payment is due and has not been previously requested for these amounts.

SUBGRANTEE SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE COMPLETED BY DEPARTMENT OF COMMUNITY AFFAIRS (DCA)	
APPROVED FOR PAYMENT \$ _____	_____
ADMINISTRATIVE COST \$ _____	GOVERNOR'S AUTHORIZED REPRESENTATIVE
TOTAL PAYMENT \$ _____	_____ DATE