

SRF DISBURSEMENT REQUEST FORM

SECTION 1: PARTICIPANT INFORMATION

SRF LOAN NUMBER: WW22532001

SRF Participant: Town of Bristol Municipal Sewage Works				UEI Number:	NF3SQSKCC57			
Participant's Mailing Address:		308 E. Vistula Street, PO Box 122						
City:	Bristol				State:	IN	Zip Code:	46507-9489
Participant's Contact:	Mr. Mike Yoder	Contact Phone:	574-848-4853	Contact Email:				
Authorized Representative:	Ms. Cathy Antonelli			Auth. Rep. Email:				
Participant's Bank:			Mailing Address:					
City:					State:		Zip Code:	
Account Name:			Routing Number:			Account Number:		

SECTION 2: DISBURSEMENT INFORMATION

REQUEST NUMBER: 43

SRF Funding Source to be used for this Request (if multiple sources are being used to pay one invoice, submit a separate DRF for each source):							
<input checked="" type="checkbox"/> SRF Primary Funds		<input type="checkbox"/> SRF Secondary Funds		<input type="checkbox"/> Local Funds; TYPE:		<input type="checkbox"/> Other Funds; TYPE:	
Beginning Balance of this Funding Source: \$ 28,265,000							
Total Amount of Previous Disbursements for this Funding Source: \$ 19,708,662							
Is any part of this request being paid by a Non-SRF Funding Source? (OCRA, RD, etc): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes:	Non-SRF Source:					Non-SRF Amount:	\$

SECTION 3: CONTRACTOR INFORMATION

Contractor:	Commonwealth Engineers, Inc.		Mailing Address:	7256 Company Drive					
City:	Indianapolis			State:	IN	Zip Code:	46237		
Contractor's Bank:				Mailing Address:					
City:					State:		Zip Code:		
Account Name:			Routing Number:			Account Number:			
Contractor's Escrow Bank:				Mailing Address:					
City:					State:		Zip Code:		
Account Name:			Routing Number:			Account Number:			

SECTION 4: PAYMENT INFORMATION

Amount of this request to be paid by SRF Funding Source identified in Section 2 (less retainage): \$ 29,082							
<ul style="list-style-type: none"> • Participant has paid Contractor for this Request and is requesting SRF to reimburse payment to Participant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, Participant requests: <input type="checkbox"/> Check mailed to Participant's address above <input type="checkbox"/> Payment wired to Participant's Bank via wiring instructions above							
<ul style="list-style-type: none"> • Participant has not paid Contractor for this Request and is requesting SRF to pay Contractor directly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, Participant requests: <input checked="" type="checkbox"/> Check mailed to Contractor's address above <input type="checkbox"/> Payment wired to Contractor's Bank via wiring instructions above							

SECTION 5: RETAINAGE INFORMATION (if applicable)

Retainage Amount for this Pay Application to be paid by SRF Funding Source identified in Section 2: \$ 0							
<ul style="list-style-type: none"> • Participant requests that retainage for this Pay Application be held by SRF <input type="checkbox"/> Yes <input type="checkbox"/> No							
<ul style="list-style-type: none"> • Participant requests that retainage for this Pay Application be sent to Participant <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, Participant requests: <input type="checkbox"/> Check mailed to Participant's address above <input type="checkbox"/> Retainage wired to Participant's Bank via wiring instructions above							
<ul style="list-style-type: none"> • Participant requests that retainage for this Pay Application be sent to Contractor's Escrow Bank <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, Participant requests: <input type="checkbox"/> Check mailed to Escrow Bank's address above <input type="checkbox"/> Retainage wired to Escrow Bank via wiring instructions above							

The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement(s); that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act / US Dept. of Labor requirements of 29 CFR 5.5(a)(1), and in compliance with SRF incentive programs.

Authorized Representative Signature:					Date:				
--------------------------------------	--	--	--	--	-------	--	--	--	--

FOR INTERNAL USE ONLY:

Approved by:			Date:		GPR:	\$		Lead:	\$	EC:	\$	Other:	\$
Processed by:			Date:		DC Notes:								