

SRF Disbursement Request Form

Participant Information								
Name:	Town of Bristol Municipal Sewage Works	SRF Loan Number:	WW22532001					
UEI #:	NF3SQSFKCC57	CCR Number:	870T8	Request Number:	10			
Mailing Address:	308 E. Vistula Street, PO Box 122							
City:	Bristol	State:	IN	ZIP Code:	46507-9489			
Contact Person:	Mr. Mike Yoder	Contact Phone Number:	574-848-4853					
Authorized Representative:	Ms. Cathy Antonelli	Authorized Representative Phone Number:	574-848-7007					
If requesting reimbursement to the Participant by wire transfer please provide the following information:								
Bank Name:		Bank Routing Number:						
Account Name:		Account Number:						
Loan Information								
Description of work for which claim is being made (services, fees, type of work, etc.):	Municipal advisory fees for SRF Bonds							
Is any part of this claim funded by an alternate funding source?							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local							\$	
Is any part of this claim funded by the Indiana Brownfields Program?							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Has the Participant paid the request and is now seeking reimbursement?							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are there Green Project Reserve components involved in this request? If yes, please describe:							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are there any Lead Line replacement components in this request?							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Loan Financial Information								
Original Loan Amount:		\$	28,265,000					
Total Amount of Previous Disbursements:		\$	2,179,471					
Balance Available After this Disbursement:		\$	26,064,529					
Amount to Contractor for this Request:		\$	21,000					
Is any part of this request a partial or final release of retainage to the contractor?							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Contractor Name:	Baker Tilly Municipal Advisors, LLC	DUNS #:	117441070					
Mailing address:	8365 Keystone Crossing, Suite 300							
City:	Indianapolis	State:	IN	ZIP Code:	46240			
Wiring Information:								
Bank Name:		Bank Routing Number:						
Account Name:		Account Number:						
Retainage Amount for this Request:		\$	0					
Participant requests that the retainage amount be held by SRF:							<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:							<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the following bank:							<input type="checkbox"/>	
Bank Name:	US Bank, Milwaukee, WI	Bank Routing Number:	075000022					
Account Name:	Baker Tilly Municipal Advisors, LLC	Account Number:	182380578936					
Total Amount of this Request:		\$	21,000					
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 Department of Labor requirements of 29 CFR 5.5(a)(1), and are in compliance with SRF incentive programs.								
Authorized Representative Signature:		Date:						
For Internal Use Only:								
Approved By:		Date:		GPR Amount:	\$	Lead Amount:	\$	

Baker Tilly Municipal Advisors, LLC
8365 Keystone Crossing Suite 300
Indianapolis, IN 46240 • (317) 465-1500



Bristol Municipal Sewer Utility

303 East Vistula Street
Bristol, IN 46507

Invoice Date: August 8, 2024
Invoice Number: BTMA27027
Client Number: 211497

INVOICE

AMOUNT

Fees	
<p>For additional professional services rendered per an amended agreement dated July 11, 2024 with regard to the issuance of the sewage works revenue bonds through the SRF program. This is a final invoice.</p> <p>We have increasingly experienced delays in postal delivery times for mailed checks. We encourage you to pay invoices electronically per the ACH instructions below. If you do mail a check, please confirm the correct Baker Tilly vendor mailing address is used per the below. Please include the invoice # on your payment.</p>	<p>\$21,000.00</p>
<p>Fees Total:</p> <p>Expenses Total:</p>	<p>\$21,000.00</p> <p>\$0.00</p>
<p>Invoice Total:</p>	<p>\$21,000.00</p>

For questions, please contact Nikia Johnson at (317) 465-1500.

Balance is payable upon receipt or previously agreed upon terms.

<p>Please ACH or wire payment to:</p> <p>US Bank, Milwaukee, WI Routing No: 075000022 Account No: 182380578936 Reference #: BTMA27027</p>	<p>Or send payment to:</p> <p>Baker Tilly Municipal Advisors, LLC PO Box 957915 St. Louis, MO 63195-7915</p>	<p>Reference:</p> <p>Client Number: 211497 Invoice Number: BTMA27027 Amount Enclosed: \$ _____</p>
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