

Payment Request  
 for (Month / Year): \_\_\_\_\_

School District: _____	(Col. 1)	(Col. 2)	(Col. 3)	(Col. 4)
School Name: _____			Reported	Cumulative
State Project Number: _____	Previous	Revised	Project	Project
Payment Request Number: _____	Estimated	Estimated	Expenditures	Expenditures
Project Costs Authorized by GA/SDE: _____ *	Project	Project	Prior to	Through Month
	Costs	Costs	This Request	of Request
<b>ELIGIBLE COSTS</b>				
(1) Architectural Design	_____	_____	_____	_____
(2) Site Acquisition	_____	_____	_____	_____
(3) Facility Purchase	_____	_____	_____	_____
(4) Other professional fees	_____	_____	_____	_____
(5) Construction (Fully eligible)	_____	_____	_____	_____
(6) Bonus area - School Readiness	_____	_____	_____	_____
(7) Bonus area - Full day K/Class size reduction	_____	_____	_____	_____
(8) Equipment/Furnishings	_____	_____	_____	_____
(9) Sub-Total	_____	_____	_____	_____
<b>LIMITED ELIGIBLE COSTS</b>				
(10) Outdoor Athletic Facilities and Tennis Courts	_____	_____	_____	_____
(11) Natatorium	_____	_____	_____	_____
(12) Eligible auditorium seating area (complete back side)	_____	_____	_____	_____
(13) Eligible gymnasium seating area	_____	_____	_____	_____
(14) Sub-Total	_____	_____	_____	_____
<b>INELIGIBLE COSTS</b>				
(15) Ineligible site acquisition	_____	_____	_____	_____
(16) Ineligible facility purchase	_____	_____	_____	_____
(17) Ineligible construction costs	_____	_____	_____	_____
(18) Ineligible bonus area - School Readiness	_____	_____	_____	_____
(19) Ineligible bonus area - Full day K/Class size reduction	_____	_____	_____	_____
(20) Unauthorized cost increase	_____	_____	_____	_____
(21) Contingency	_____	_____	_____	_____
(22) Other - Describe: _____	_____	_____	_____	_____
(23) Sub-Total	_____	_____	_____	_____
(24) Project Total	===== *	===== *	=====	=====

(25) Percentage expended through payment month (Total Cumulative Expenditures Col. 4 / Total Project Costs Col. 2): \_\_\_\_\_ %

CERTIFICATION: I hereby certify that to the best of my knowledge the estimated project costs reported are accurate and all cumulative project expenditures are expected to be expended prior to the end of the payment request month.		
Superintendent/Director's Name (Type or print)	Signature	Date

Form completed by (Type or print)	Title	Telephone
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\* NOTE: Projects that change in cost or scope to a degree determined by the commissioner must be resubmitted to the General Assembly for re-authorization in accordance with C.G.S. Section 10-283(a)(2).

Project No.: \_\_\_\_\_

**Calculation of Cost of Auditorium Seating Area:**

Line	Item		
a	Total square footage of auditorium	_____	Sq. Ft.
b	Square footage of seating area	_____	Sq. Ft.
c	Total construction cost of auditorium (excluding seats and installation)	\$ _____	
d	Construction cost of seating area (Item b / Item a) x Item c)	\$ _____	
e	Costs of seats and installation (not included in Item c)	\$ _____	
f	Total cost of auditorium seating area (Item d + Item e)	\$ _____	(Report on line 12)

**Auditorium seating capacity**