

CITY OF PROVIDENCE CONTRACT REQUISITION FORM

PROGRAM/PROJECT NUMBER: _____ REQUISITION: # _____

SUBRECIPIENT: _____ Tel. #: _____

SUBRECIPIENT ADDRESS: _____

CONTRACT PERIOD START DATE: _____ COMPLETETION DATE: _____

1) Original Contract Amount: =\$ _____

2) Net Change by Change Order/Addendum: +/- \$ _____

3) Total Contract Amount: =\$ _____

4) Total Amount Previously Paid: -\$ _____

5) List All Unpaid Requisitions

A. Req. # _____ Amount _____

B. Req. # _____ Amount _____

C. Req. # _____ Amount _____

TOTAL: -\$ _____

6) Total Un-requisitioned Funds: =\$ _____

7) This Requisition Amount: =\$ _____

Submitted By:

NAME: _____ TITLE: _____ DATE: _____

Must be signed by grantee

DPD USE ONLY

IDIS #

VOUCHER #

8) Disallowed Costs: -\$ _____

9) Approved Amount This Requisition =\$ _____

VENDOR # _____ G/L ACCOUNT # _____

DIVISION: _____ DATE: _____

FIELD CHECK: _____ DATE: _____

DAVIS BACON: _____ DATE: _____

COMPLIANCE/MONITORING: _____ DATE: _____

DEPUTY DIRECTOR _____ DATE: _____

FISCAL DIRECTOR _____ DATE: _____

DIRECTOR _____ DATE: _____

This form is available for downloading at: www.providenceplanning.org