

# Facility Planning and Control Request for Disbursement Form

Request No. \_\_\_\_\_

Project Number: \_\_\_\_\_ Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Project Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*\*Contract Number:  
\*\*\*PO Number:

| WBS Number   | Invoice Number | Vendor Name | Cost Code * | G/L *** | Invoice Amount |
|--------------|----------------|-------------|-------------|---------|----------------|
|              |                |             |             |         |                |
|              |                |             |             |         |                |
|              |                |             |             |         |                |
|              |                |             |             |         |                |
|              |                |             |             |         |                |
|              |                |             |             |         |                |
| <b>Total</b> |                |             |             |         |                |

This document will hereby certify that each of these invoices on this list and attached list(s) is in accordance with the terms of the applicable contracts and/or agreements and that the services have been performed or the goods received. Furthermore, this certification also indicates compliance with the terms and conditions of the cooperative endeavor agreement by and between the State of Louisiana and the Grantee.

Certified Correct by Agency

Date: \_\_\_\_\_

(Agency Signature\*)

\_\_\_\_\_ (Type or Print Name)

**\*Agency Signature certifies that all provisions of the CEA have been met.**

| *Cost Code          | Category                              | *Cost Code                  | Category                   |
|---------------------|---------------------------------------|-----------------------------|----------------------------|
| <b>Real Estate</b>  |                                       | <b>Design Miscellaneous</b> |                            |
| RQ                  | Real Estate                           | R1                          | Topo                       |
| <b>Construction</b> |                                       | R2                          | Geo                        |
| CN                  | Construction Services                 | R3                          | Environmental              |
| CN-TS               | 3rd Party Testing during Construction | R4                          | Testing Lab Fees           |
| <b>Equipment</b>    |                                       | R5                          | Other Reimbursable Expense |
| EQ                  | Equipment                             | A1                          | Additional Design Services |
| <b>Design</b>       |                                       | MI-TS                       | 3rd Party Testing/Lab Fees |
| F1                  | Basic Design Services                 |                             |                            |

**Remit to:** FPC-CEA@la.gov  
 Facility Planning & Control  
 LA Division of Administration  
 Post Office Box 94095  
 Baton Rouge, LA 70804-9095

\*\*\* G/L = Project Expenditure Code (see tables) \*\*\* **Areas for FP&C Use Only**