

Appendix C – OBF Contractor Payment Request Form

DATE OF SUBMITTAL:

ORDER # CLOSE-OUT PROJECT DATE LOAN NUMBER APPROVED OBF LABOR APPROVED OBF MATERIALS TOTAL PROJECT COST SCP INCEN-TIVE CARE/ FERA DISCOUNT VENDOR DISCOUNT OTHER DISCOUNT PAYMENT TOTAL COMPANY REMIT TO ADDRESS CITY STATE ZIP CODE

Order #	xx/xx/xxxx	Number	\$Amt	\$Amt	\$Amt	\$Amt	\$Amt	\$Amt	\$Amt	\$Amt	Text	Text	Text	Text	Text	Text

Current as of 9/1/2021

