

**California Trauma Recovery Center Grant
Request for Payment
Certification of Reports and Expenditures**

I certify that all information in the attached reports is correct and the expenditures incurred for the reporting period of _____ are in accordance with the Eligible Costs as set forth in the NOFA and Grant Agreement. Payment is requested in the amount of \$ _____ as scheduled in the Budget as submitted and approved.

Signature

Date