

OKLAHOMA CENTER FOR THE ADVANCEMENT OF SCIENCE AND TECHNOLOGY (OCAST)

Request for Payment Instructions

General Information: This report allows the contractor to be reimbursed for expenses incurred under the contract. If it is not completed correctly the report may be returned. REQUESTS FOR PAYMENT RECEIVED MORE THAN NINETY (90) DAYS AFTER THE ENDING DATE OF THIS CONTRACT WILL NOT BE ACCEPTED.

Section 1. Request for Payment Information

1. **Name of Contractor:** Enter the complete name and address as it appears in page 1, Part I of the contract.
2. **Send Payment to:** Enter the complete name and address where payment is to be mailed, if different from the contractor, (#1).
3. **Contact Person:** Enter the name, title, area code and telephone number, and email address of the person preparing this report.
4. **Request Number:** Enter the request number beginning with 1 and continue in ascending order with each additional request. The final request should be denoted as "final."
5. **Amount Requested:** Enter the total amount requested from OCAST. This amount should be the same as the total in Section 2, Column A, line #9.
6. **Project Number:** Enter the project number as it appears on page 1, Part I of the executed contract.
7. **Report Period:** Enter the beginning (month/date/year) and ending (month/date/year) dates covered by the current request. (Dates recorded are not the funding period, but a time period within the contract funding period for which funds are being requested). Report Period cannot cross state fiscal years (July-June).
8. **Funding Period:** Enter the beginning (month/day/year) and ending (month/day/year) dates of the contract funding period as specified on page 1, Part I of the executed contract.
9. **Contract Number:** Enter the contract number as it appears on page 1, Part I of the executed contract.
10. **OCAST Program Source of Funds:** Enter the name of program being funded, i.e., Applied Research, Health Research, Intern Partnership, or other.
11. **Contract Amount:** Enter the total amount as specified on page 1, Part I, of the executed contract or modification.
12. **PI Name:** Enter the name of the Principle Investigator (PI) as it appears on the contract.

Section 2. Accounting of Expenditures

Budget Category: Enter the items for which expenditures were made. These should be the same budget line items that have been approved by OCAST.

- A. **Current Expenditures:** Indicate the current expenditures by category for the report period.
- B. **Expenditures to Date:** Indicate the cumulative expenditures year-to-date.
- C. **Remaining Balance:** Enter the budget amount less the expenditures year-to-date.
- D. **Budget:** Enter the budget as it appears on page 1, Part IV of the contract. This column remains the same until a revised budget is approved. If the budget is being modified for 25% or greater of the reviewer approved budget, a budget modification form must be submitted and approved prior to any expenditure being incurred.

Total State Expenditures: Line 9 must equal total of lines 1-8.

Matching Funds: Line 10 – enter the amount of matching monies expended on the contract for the report period (only for applied research and intern partnership projects).

Total: Line 11 must be equal total of lines 9 and 10.

Section 3. Contractor Certification

Signature of Authorized Official: The authorized official as designated in the contract agreement must sign and date this report attesting to the stated certification. This request must be notarized.

Oklahoma Center for the Advancement of Science and Technology (OCAST)

REQUEST FOR PAYMENT

**REQUESTS FOR PAYMENT RECEIVED MORE THAN 90 DAYS AFTER THE ENDING DATE OF A CONTRACT
WILL NOT BE ACCEPTED**

Section 1. Request for Payment Information

1. Contractor: Name and Address	2. Send Payment to: Name and Address	3. Contact Person: Name, Title, Phone & e-mail
4. Request Number:	5. Amount Requested:	6. Project Number:
7. Report Period:	8. Funding Period:	9. Contract Number:
10. OCAST Program Source of Funds:	11. Contract Amount :	12. PI Name:

Section 2. Accounting of Expenditures

Budget Category			OCAST Funds			
			A. Current Expenditures	B. Expenditures to Date	C. Remaining Balance	D. Budget
1.	Salaries	563400				
2.	Travel	563410				
3.	Supplies	563420				
4.	Equipment	563430				
5.	Contractual	563440				
6.	Patient Care	563450				
7.	Alterations/Renovations	563460				
8.	Other (itemize)	563470				
9.	Total State Expenditures					
10.	Total Matching Funds	553230				
11.	Total					

Section 3. Contractor Certification (completed by Contractor)

The undersigned contractor or duly sworn agent, of lawful age, being first duly sworn, on oath says this claim is true and correct. Affiant further states that the work, services, or material, as shown by this claim, has been completed or supplied in accordance with the terms of the contract. Affiant further states that if the request for payment is under the OCAST Applied Research Program, that matching funds have been expended and have been completed or supplied in accordance with the terms of this contract. Affiant further states that any funds that OCAST has previously paid to Contractor under this contract to reimburse Contractor for incurred contract cost have been used by Contractor to make payment for the previously invoiced incurred costs.

Subscribed and Sworn Before Me:	My Commission Expires:	Notary Public:
Signature of Authorized Official:	Date:	Name of Authorized Official: