



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



**INVOICE - REQUEST FOR PAYMENT – SFY 2021-2022
DEPARTMENT OF HOUSING**

TO: DECD/DOH, Office of Finance & Administration
FROM: Office of Policy, Research and Housing Support

REQUISITION NUMBER#: _____ AMOUNT REQUESTED \$ _____
PROGRAM: _____ CONGREGATE FACILITIES OPERATION COSTS _____
RECIPIENT: _____
ADDRESS: _____

FEDERAL ID (FEIN)/ SS #: _____
INCORPORATED: Yes _____ No _____

FOR DOH USE ONLY

FUND/SID #: 46900-16068 General Fund _____ Federal _____
_____ Bond Fund _____ Small Cities _____

DOH PROJECT ID#: _____

CONTRACT#: _____

ACCOUNT# (TEPF, SC) (If applicable): _____

BOND COMMISSION APPROVAL DATE: (If Applicable) _____

GRANT/SUBSIDY AMOUNT: \$ _____

LOAN AMOUNT: \$ _____ 0 _____

AMOUNT REQUESTED TO DATE: \$ _____ BALANCE: \$ _____

This project/activity is eligible for payment under a fully executed contractual agreement approved by the attorney general. This agreement is on file in the Finance & Administration division. This requisition has been prepared and approved in accordance with DOH programmatic procedures, based upon the recipient's budgetary requirements.

APPROVALS: _____
Agent/ Specialist/ Coordinator

DATE: _____

Administrator (Designee)

DATE: _____

CERTIFICATION OF LITIGATION:

As Chairman/Executive Director for the _____ of _____, having knowledge of its affairs, I am of the opinion that as of this date (check one of the following):

() 1. There is no litigation involving the **Congregate Facilities Operation Costs** _____ Program

() 2. There is litigation involving the _____ and a description of the litigation is attached.

I hereby certify that all funds received or to be received from the Department of Housing (DOH) or any other source in connection with the program have been or will be deposited in a separate bank account designed as Expenditures Account No. _____ covered by Administration Fund Agreement stated in the Master Assistance Agreement and that all payments from this account will be by check for items directly chargeable to this program.

Date_____
Signature_____
Print Name & Title

Supporting Information

	Approved Budget Amount:	Requesting this Quarter	Total Requested YTD including this Quarter
1. Rental Assistance	_____	_____	_____
2. Core Services	_____	_____	_____
3. Expanded Core	_____	_____	_____
4. Assisted Living	_____	_____	_____
Total	_____	*	_____

* Carry this figure to page one