STATE OF CONNECTICUT●OFFICE OF POLICY AND MANAGEMENT (OPM)
CASH REQUEST CRIMINAL JUSTICE POLICY AND PLANNING DIVISION(CJPPD)
450 CAPITOL AVENUE●HARTFORD, CT 06106-1379

CASH REQUEST

	Please enter information in this column				
1. Grantee Name:					
Address:					
2. Grant Number:					
3. Project Title:					
4. Amount of Grant:	$				
5. Cash Request for Period of: (ENTER DATE HERE:)	1st DRAW	2nd DRAW	3rd DRAW	4th DRAW	FINAL
6. Cash Received to Date:	$				
7. Amount of Cash Requested:	TOTAL REQUESTED		$		
GT	FEDERAL AMOUNT		$		
ST	STM / STATE		$		
8. Justification of Amount Requested:					
9. Submitted by: (Project or Financial Contact of Record)					
10. Date:					

CJPPD USE ONLY

Special conditions and reporting requirements have been met. Federal; State Match; and or State funds shown below are approved for draw at this time.

COMMENT:

APPROVALS:

Signature of CJPPD (**Project or Financial Staff of Record**)   *DATE*

Signature of CJPPD Signatory Authority Manager   *DATE*

APPROVED FOR PAYMENT⎯**OPM**
MY SIGNATURE ABOVE AUTHORIZES PAYMENT IN THE AMOUNT SHOWN AND CERTIFIES THAT THE INVOICE AND SUPPORTING DOCUMENTATION HAVE BEEN RECEIVED AND SERVICES ARE CONSISTENT WITH CONTRACT TERMS.

FOR OPM USE ONLY

AMOUNT	FUND	DEPARTMENT	SID	PROGRAM	ACCOUNT	(OPM0YYYY) CHRTFLD 2	BUD REF YYYY	PROJECT OPM00000000 # # # #
$	12060	OPM20350		13008				
$	11000	OPM20350	12251	13008			**2015**	

PO#   CONT#