

Emergency Housing and Assistance Program (EHAP)

REQUEST FOR DISBURSEMENT (RFD) FOR LOS ANGELES COUNTY DLB AGENCIES

Mail completed forms to: Emergency Food & Shelter Program
 c/o United Way of Greater Los Angeles
 523 W. 6th St., Suite 205
 Los Angeles, CA 90014

- Check One:
- Advance RFD
 - RFD (for reimbursement)
 - Final RFD
 - Expenditure Detail only

EHAP Contract #: _____

Contract Name: _____
(exactly as it appears on your contract)

Contractor Mailing Address: _____
(as reported on Vendor Data Form which must be on file with the State)

Contract Effective Date: _____ Expiration Date: _____

RFD Preparer Name: _____ Phone: _____

Email Address: _____ Fax #: _____

Expenditure Period: Start Date: _____ End Date _____
(do not complete for Advance Request)

Amount of Request: _____
(round to the nearest dollar)

We the undersigned do certify that costs and expenditures identified in this Request for Disbursement are accurate and that (except for an Advance Request) all identified costs were incurred in performance of the above identified Agreement. Detailed supporting documentation verifying each expenditure is available and will be retained for five years after expiration of the Standard Agreement.

(Contractor's Fiscal Officer's original signature) Date: _____

(Contractor's Executive Director's original signature) Date: _____

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The amount shown on this request is hereby approved for disbursement.

Los Angeles DLB Director: _____ Date: _____

EHAP Contract Manager: _____ Date: _____