

KENTUCKY DIVISION OF EMERGENCY MANAGEMENT

**PARTIAL PAYMENT REQUEST**

Request # \_\_\_\_\_

**SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR ELIGIBLE DISASTER WORK**

Applicant Name: \_\_\_\_\_ Disaster: \_\_\_\_\_ -DR-KY

Applicant ID Number: \_\_\_\_\_

PW Number: \_\_\_\_\_ (Each PW must be summarized individually.)

<b><u>Amount per cost category for which you are requesting partial payment.</u></b>	
<b><u>CATEGORY</u></b>	<b><u>AMOUNT</u></b>
Force Account Labor	\$ _____
Force Account Equipment	\$ _____
Materials	\$ _____
Rented Equipment	\$ _____
Contract	\$ _____
Direct Admin Cost (DAC)	\$ _____
<b>TOTAL REQUESTED PARTIAL PAYMENT</b>	<b>\$ _____</b>

***I certify that all costs are accurate, complete and that all required documentation is attached.***

\_\_\_\_\_  
Signature of Designated Applicant Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone Number