**Please ensure that highlighted sections are filled in and accurate. Remove highlighted formatting and delete these instructions before submitting payment request.**

Agency Letterhead

Date

Manager

Planning & Development Division

411 W 1st St

City Hall, Room 160

Duluth, MN 55802

**Program: 2025 (CDBG/HOME/ESG)**

Project Name: xxxxxxxx and Amount TBD

|  |  |
| --- | --- |
| Contract#: | 00000  |
| Contract Term: | 4/1/25 – 3/31/26 |
| CD Project#: | 25-xx-00 |
| Agency Invoice #: | xxxxx |

This is a request for reimbursement of costs totaling $00,000.00 for the period of Month Day, Year to Month Day, Year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Budget** | **Previous Request** | **Current Request** | **Requests to Date** | **Balance** |
| Contract line item 1 |  |  | $ |  |  |
| Contract line item 2 |  |  | $ |  |  |
| Contract line item 3 |  |  | $ |  |  |
| Contract line item 4 |  |  | $ |  |  |
| **TOTAL** | $ | $ | $ | $ | $ |

|  |
| --- |
| **Total Requested: $00,000.00** |

I certify that these costs have been incurred. Backup and documentation are enclosed.

Sincerely,

Name

Title