United States
ENVIRONMENTAL PROTECTION AGENCY

U.S. EPA PAYMENT REQUEST

OMB Control No. 2030-0020
Approval expires 04/30/2021

Recipient Name:	Contact Person:
Fax #:	Phone #: Email address:

EFT #	Request #	Cash on Hand: $	

Assistance Agreement	Account No/Activity Code (Superfund Site Specific)	$ Amount	Mark (X) if Credit	For EPA Internal Use Only
	TOTAL AMOUNT REQUESTED $			

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

APPROVALS:

Recipient Approving Official's Signature _____ Date Approved _____

EPA Certifying Officer Approval _____ Date Approved _____

$ _____
EPA APPROVED AMOUNT
For EPA Use Only

EPA 190-F-04-001

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.