



**Maricopa County
Ryan White Part A
REVISED - - - COVER PAGE
Request for Payment**

Contractor: _____

ADDITIONAL PAY/ OVERPAYMENT
(Circle one)

Address: _____

Service Category/Contract: _____

Rptg Category: _____

Contract Number: _____

BILLED AMOUNT: \$ _____
(Difference)

Reporting Month: _____
(Month/Year)

Prepared by: _____

Title: _____

Telephone: _____

<p>Previously Billed: \$ _____</p> <p>Current Billed: \$ _____</p> <p>Difference: \$ _____</p>

This report must be filled out completely, signed, and submitted electronically by the due date:
RyanWhitePartA@mail.maricopa.gov

The undersigned hereby certifies to Maricopa County that the following includes a true and correct statement of the amount due; that the following amount is due; that the following is a true and correct list of all subcontractors who have employed laborers and/or used materials and/or supplies for work performed; and that the following is a true and correct statement of service delivery and program activity. The undersigned has read the foregoing statement and knows the content thereof; the same is true to his/her knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____