



Colorado Department
of Public Health
and Environment

EMTS Provider Grants Payment Request Statement

4300 Cherry Creek Drive S • Denver, CO 80246 • Phone (303) 692-2980 • Fax (303) 753-6214

System and Regional Improvement Funds

Grantee Name				
Address		City		Zip
PO/Contract #		FEIN		

Salary & Fringe

Employee Name	Title	Quantity	Unit Cost	Amount Requested
Salary & Fringe Subtotal				_____

Contracted Staff	Service Provided	Quantity	Unit Cost	Amount Requested
Contract Subtotal				_____

Administration & Indirect

	Amount Requested
Administration & Indirect Subtotal	_____

Operations Expenses

	Amount Requested
Operations Subtotal	_____

Capital & Non-Operation

	Amount Requested
Capital & Non-Operation Subtotal	_____

Total _____

Is this the final payment request for this PO/Contract?

If you select "YES", we will close your grant award and revert remaining funds

NO YES

I certify that the above expenses were incurred pursuant to the PO/contract with the Department of Public Health and Environment as listed above and have not been allocated to or included as a cost of any other program or project. Reimbursement is requested for the above amount.

Signature  Date _____
 Email _____ Phone _____

For State Office Use Only

Grant Manager Approval _____ Date _____
 Fiscal Officer Approval _____ Date _____