

REQUEST/APPROVAL AUTHORIZATION FOR PAYMENT
FROM REPLACEMENT RESERVE ACCOUNT

BORROWER NAME: _____
 BORROWER ADDRESS: _____
 PROJECT NAME: _____ Project ID # _____
 PROJECT ADDRESS: _____

Replacement Reserve Account # _____ Balance: \$ _____
 As of: _____

Requested Date: _____

ITEM	AMOUNT	AMOUNT	REASON

TOTALS: \$ _____

Has an insurance claim been made for any of the above items? ____yes ____no
 Which ones? _____

Borrower hereby requests disbursement from the Replacement Reserve account in the amount of \$ _____ and certifies that these funds will be used solely for the items set forth above.

Estimated Commencement date of Capital Improvement Project: _____

Estimated Completion date of Project: _____

Vendor/Contractor Name: _____

Will there be lien waivers collected? Please provide copies

Borrower:
 By: _____
 Title: _____
 Date: _____

+++++
 COMMENTS:

APPROVED:
 BY: _____ TITLE: _____
 DATE: _____

Attach copies of invoices; scope of work to support request for reimbursement/withdrawals