Facility Planning and Control Request for Disbursement Form

Request No._____

Project Number: _____ **Agency:** _____ **Contact Person:** _____

Phone Number: _____

Project Name: _____ *****Contract Number:** _____

*****PO Number:** _____

WBS Number	Invoice Number	Vendor Name	Cost Code *	G/L ***	Invoice Amount
				Total	

This document will hereby certify that each of these invoices on this list and attached list(s) is in accordance with the terms of the applicable contracts and/or agreements and that the services have been performed or the goods received. Furthermore, this certification also indicates compliance with the terms and conditions of the cooperative endeavor agreement by and between the State of Louisiana and the Grantee.

FOR FPC USE ONLY:

Approved: _____

(FPC Signature) (Date)

_____

(Print Name)

Remarks: _____

_____

Certified Correct by Agency: _____ Date: _____

(Agency Signature*)

_____

(Type or Print Name)

***Agency Signature certifies that all provisions of the CEA have been met.**

**Cost Code*	*Category*
Real Estate	
RQ	Real Estate
Construction	
CN	Construction Services
CN-TS	3rd Party Testing during Construction
Equipment	
EQ	Equipment
Design	
F1	Basic Design Services

**Cost Code*	*Category*
Design Miscellaneous	
R1	Topo
R2	Geo
R3	Environmental
R4	Testing Lab Fees
R5	Other Reimbursable Expense
A1	Additional Design Services
MI-TS	3rd Party Testing/Lab Fees

CHECK BOX AS APPLICABLE (THE FOLLOWING REQUIRE ATTACHMENTS):

For 100% Payment Minus Retainage:

- ❑ FPC Recommendation of Acceptance Packet
- ❑ Punchlist with Values and Total
- ❑ Roof Warranties

For Retainage Payment:

- ❑ Original Clear Lien Certificate
- ❑ Original Consent of Surety

*** G/L = Project Expenditure Code (see tables) ***** Areas for FP&C Use Only** **Remit to: FPC-CEA@la.gov**

Revised 7/16/2025