RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
School Building Authority Capital Fund
Progress Payment Request Form

LEA ______________________________________

School ______________________________________

MOA Project # ______________________________

Payment Requisition # _____________________

Paid Invoice Amount: ______________________

CERTIFICATION:

I certify that the above information is correct to the best of my knowledge and belief and that the project cost includes only school project related costs as approved by the Council on Elementary and Secondary Education.

Superintendent’s Signature ___________________________ Date ___________________________

Below this Line - For Internal Use Only

School Building Authority at the Rhode Island Department of Education Verification

1. Capital Fund Project Manager ___________________________ ___________________________

2. School Building Authority ___________________________ ___________________________