RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Statewide Bond/Pay-As-You-Go
Progress Payment Request Form

LEA ________________________________________

School ______________________________________

Payment Requisition #__________________________

Paid Invoice Amount*: __________________________

*Please attach invoices/AIA documents that substantiate the 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.

__________________________   _______________________
Owner’s Program Manager Signature (if applicable)  Date

__________________________   _______________________
Superintendent’s Signature  Date

Below this Line - For Internal Use Only

School Building Authority at the Rhode Island Department of Education Verification

<table>
<thead>
<tr>
<th>Date</th>
<th>Verification</th>
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<tbody>
<tr>
<td>1.</td>
<td>Bond Project Manager</td>
</tr>
<tr>
<td>2.</td>
<td>School Building Authority</td>
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