

CHIP DRAW REQUEST INVOICE SUMMARY

CHIP Grant #	Local Government /Non-profit:	Project #
	Pay Request for: Rehab <input type="checkbox"/> New Const.	

Owner Name:

Address:

DRAW 1 DRAW 2 DRAW 3 DRAW 4 FINAL

LIST OF INVOICES FOR THIS DRAW:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Total Amount of this draw request:

Approved by

Title