



**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

	Date	Verification
1. Capital Fund Project Manager	_____	_____
2. School Building Authority	_____	_____