

EXHIBIT D
SOUTH CAROLINA EMERGENCY MANAGEMENT DIVISION
OFFICE OF THE ADJUTANT GENERAL
PRE-DISASTER MITIGATION GRANT PROGRAM
PAYMENT REQUEST

Subrecipient: Agency Name

Subrecipient's Agent:

Project No.: PDMC-04-SC-20XX-0XX Request for Payment No.:

Quarter Ending:

Federal ID No.:

Total Approved Funding:

Project Category	Total Budgeted Amount	Previous Payments	Current Expenditures	Cumulative Expenditures	Federal Share	Balance
Totals		0.00	0.00	0.00		

I hereby certify to the best of my knowledge and belief all work and costs are eligible in accordance with the grant conditions and all work claimed has been completed.

Signed: _____ Date: _____

Subrecipient's Agent