This request for payment form should be completed by the Grants and Contributions Practitioner (GCP) and sent to the CSGC Representative (CSGC Rep), who will review and forward it to CFOB. This request should be completed in accordance with the *Step-By-Step Process for G&C Manual Payments Not Processed Through CSGC*.

Name of GCP completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before completing this form, please confirm that the following steps have been completed:

|  |  |
| --- | --- |
| **STEPS** | **DATE COMPLETED** |
| The payment was attempted to be issued via the CSGC. |  |
| The CSGC representative has confirmed that there is no other way to issue payment. |  |
| All financial transactions have been completed. |  |
| All amendments have been completed, when applicable. |  |
| Reason for requesting a manual payment in SAP directly and not through CSGC (brief summary): | |

***Project and Organization Particulars***

|  |  |
| --- | --- |
| Project Number |  |
| Organization Legal Name |  |
| Project Title |  |
| Program Name |  |
| Business Number |  |
| Project Start Date |  |
| Project End Date |  |

**Payment Type:** Claim Advance  Grant

|  |  |  |
| --- | --- | --- |
| ***Payment Particulars*** | Amount showing in CSGC | Amount as per paper file |
| ESDC Contribution Amount |  |  |
| Total amount of claims received to date |  |  |
|  | | |
| Funds Issued to Date (prior to manual payment request) | |  |
| Manual Payment Amount to be Issued | |  |
| Total Funds Issued (after manual payment)  *\*\*****Please ensure that total funds issued do not exceed signed agreement(s) and amendment(s).*** *If minor amendment delegation is required, please complete the box below.*  *\*\*\* For other situations, please refer to section 3 of the financial delegation instrument*  *(*[*http://iservice.prv/eng/finance/DELEG/2016/esdc\_programs\_section3.pdf*](http://iservice.prv/eng/finance/DELEG/2016/esdc_programs_section3.pdf)*)* | |  |
| If the cumulative amendment value is less than 25% of the last agreement amount approved (minor amendment), indicate the amount of the required minor amendment.  **CERTIFIED PURSUANT TO THE COLUMN B (MINOR AMENDMENT) OF THE SECTION 3 OF THE FINANCIAL DELEGATION INSTRUMENT**  **(**[**http://iservice.prv/eng/finance/DELEG/2016/esdc\_programs\_section3.pdf**](http://iservice.prv/eng/finance/DELEG/2016/esdc_programs_section3.pdf)**)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF THE AUTORIZED OFFICER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YYYY-MM-DD PRINT NAME | |  |

***Please note that the CSGC Rep can request any other documentation necessary to complete the approval (such as a copy of the agreement, the amendments and other useful information).***

Organization Name and Mailing Address:

|  |
| --- |
| Direct Deposit (if available in CSGC)  Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Ensure that a due diligence was previously done and is active. If not, the method of payment will be a cheque.* |

***Information is available in CSGC under Commit Funds Screen***

|  |  |  |  |
| --- | --- | --- | --- |
| If PAYE is used to process the manual payment, please check this box. | | | |
| Fund |  | Functional Area |  |
| Cost Center |  | GL account |  |
| Amount of payment ($) |  | Company code (CRF: 0140 / EI: 0142): |  |
| Commitment Number |  |  | |

***Signatures***

This manual payment complies with the terms and financial limitations of the signed agreement(s).

Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **CERTIFIED PURSUANT TO SECTION 34 OF THE FAA (IN ACCORDANCE WITH THE DELEGATED FINANCIAL AUTHORITIES)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AUTHORIZED OFFICER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YYYY-MM-DD PRINT NAME |