

OASAS REQUISITION OF FUNDS FROM D.A.
 "VOLUNTARY BONDING PROGRAM ACCOUNT"

Date of Requisition:

Date of Closing:

Agency:

Project Address:

D.A. Project No.:

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted] OASAS [Redacted]

Disbursements of checks requested:

	Federal Tax ID Number	Amount
NYS Office of Alcoholism and Substance Abuse Services STIP Loan	[Redacted]	[Redacted]
NYS Office of Alcoholism and Substance Abuse Services	[Redacted]	[Redacted]
NYS Office of Alcoholism and Substance Abuse Services from cost of issuance	[Redacted]	[Redacted]
[Redacted] Cost certification	[Redacted]	[Redacted]
Total		[Redacted]

[Redacted]

 [Redacted]

 [Redacted]

 [Redacted]

 NYS OASAS

 Date

 Date