



**Department of Business Development  
Expedited Payment Process  
Disbursement Authorization Form**

If the above items are not acceptable for expedited payment, please provide a brief explanation with signature and date; otherwise indicate approval by signing below the last paragraph:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Prime Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dept. Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_

The undersigned hereby represents and warrants that the above work or service has been properly performed, materials have been properly delivered, stored and/or incorporated into the Project and these activities have been inspected and approved by the undersigned and/or by the owner's representatives.

\_\_\_\_\_  
CSBE Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prime Contractor (If CSBE is subcontractor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative & Fiscal Director, DBD

\_\_\_\_\_  
Date

**DBD USE ONLY**

**EPP Control No.** \_\_\_\_\_ **Data Entry Date** \_\_\_\_\_ **Award Completion Date** \_\_\_\_\_

**Date Reviewed** \_\_\_\_\_ **AO3 Initials** \_\_\_\_\_

**Date Reviewed** \_\_\_\_\_ **SB/F Administrator Initials** \_\_\_\_\_

**Date Reviewed** \_\_\_\_\_ **Division Director** \_\_\_\_\_