



**Vermont Housing Finance Agency**

**Replacement Reserve/Project Cost Escrow  
Residual Receipts/Project Operating Account**

AUTHORIZATION REQUEST

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_

<u>Source of Funds:</u> (circle one)	Replacement Reserve	Project Operating Account	Project Cost Escrow	Residual Receipts
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Requested by: \_\_\_\_\_ Dated: \_\_\_\_\_

Please provide a description of proposed work. (Attach at least two bids if over \$7,500).

Current Balance: Operating Account \$ \_\_\_\_\_ Replacement Reserve \$ \_\_\_\_\_

Current Amount: Accounts Payable \$ \_\_\_\_\_ Accounts Receivable \$ \_\_\_\_\_

Effective date of account balances. \_\_\_\_\_

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Recommend Approval/Disapproval\* \_\_\_\_\_  
Management Officer Date

Work was inspected and found to be satisfactory/unsatisfactory.

\_\_\_\_\_  
Signature Date

\* See attached

