



**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> | Replacement Reserve | Project Operating Account | Project Cost Escrow | Residual Receipts |
|-------------------------|---------------------|---------------------------|---------------------|-------------------|

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. \_\_\_\_\_

---



---

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

Work was inspected and found to be satisfactory/unsatisfactory.

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

\* See attached

