

**Part 3: Approval of Voucher, and, Request for Payment – Internal Use Only**

Check One

<u>Quarter</u>	<u>End-date</u>	<u>Report Due</u>	<u>LRP – NLT</u>	<u>Payment Date - NLT</u>
Jan-Mar	31-Mar	30-Apr	31-May	
Apr-Jun	30-Jun	31-Jul	31-Aug	
July-Sept	30-Sep	30-Oct	30-Nov	
Oct-Dec	31-Dec	31-Jan	28-Feb	

**Internal Use Only**

Report received on:	
Entered in DB:	
Request for payment sent:	

Practitioner's Name	
Practitioner's Email	
Practitioner's Quarter Start-Date:	
Practitioner's Quarter End-Date:	
Percentage of Quarter-Served:	
SHARP-Authorized Size of FTE: (check one)	Full-Time: <input type="checkbox"/> Half-Time: <input type="checkbox"/>
Full Quarterly LRP Payment Rate for this FTE:	
LRP Amount To-Be-Paid:	

SHARP program loan repayment amount due: \$

Please pay the above-stated amount to the practitioner's designated eligible lender. Signature below constitutes authorization to pay for above-indicated period.

<input style="width: 100%; height: 20px;" type="text"/> Robert Sewell, SHARP Program Manager	<input style="width: 100%; height: 20px;" type="text"/> Date
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