



OFFICE OF THE COMPTROLLER

FEDERAL DRAW BOOK ENTRY FORM

INSTRUCTIONS: This form is used to adjust balances in the federal payment system. Please submit the completed form and send it with supporting documentation to CTRFedGrant@mass.gov.

Department	Date	Budget Fiscal Year
Decrease Account	Increase Account	
Major Program	Major Program	
Program Code	Program Code	
Federal Payment System	Federal Payment System	
Letter of Credit	Letter of Credit	
Sub Account	Sub Account	
Account Balance Before Decrease	Account Balance Before Increase	
\$	\$	
Amount Decrease	Amount Increase	
\$	\$	
Account Balance After Decrease	Account Balance After Increase	
\$	\$	
Reason For Request		
Grant Liaison Name	Grant Liaison Email	
Grant Liaison Signature	Date Signed	
Department Authorized Signatory Name	Department Authorized Signatory Email	
Department Authorized Signature	Date Signed	

For Office of the Comptroller Use Only	
CTR Reviewer Verified DHSA Signer Name	CTR Reviewer Email
CTR Reviewer Signature	Date Signed