GRANT PAYMENT REQUEST

Invoice #: _____
Date: _____

Grantor Foundation
[Foundation Address]
[City, State, Zip]
[Contact Email]

Grantee Information Organization:
Tax ID/EIN:
Project Director:
Address:

Grant Reference Grant Agreement #:
Project Title:
Grant Period:
Payment Installment #:

Expenditure Summary

Budget Category / Description	Requested Amount
	$
	$
	$

Total Amount Requested:	**$**

Remittance Instructions

Please remit payment via: [ ] Check [ ] Wire Transfer

Bank Name:
Account Name:
Routing Number:
Account Number:

_____
Authorized Signature

_____
Date Signed

I hereby certify that the above expenses have been incurred in accordance with the terms and conditions of the Grant Agreement.

Official Use Only: Approved by _____ | Date _____ | GL Code _____