

REQUEST FOR PAYMENT
Kosciusko County Community Foundation, Inc.
 Community Funds – Organization Request

Date of Request: _____

Grant #: _____ Grant Expiration Date: _____

Project Name: _____

Organization Name: _____

Mailing Address: _____

ORIGINAL GRANT AMOUNT	\$ _____
AMOUNT OF THIS REQUEST (equal to attached receipts or documentation)	\$ _____
REMAINING GRANT BALANCE (after this payment is made)	\$ _____

You will be required to upload confirmation of expenditures (e.g., invoices, purchase orders, receipts, etc.) along with this form. If your grant involved operating expenses, we require a copy of your internal financial statements that show a comparison of actual versus budgeted expenditures.

- This is the final payment; or
- Future requests for payment will be coming

Grantee signature(s) certify that the above information and attached confirmation of expenditures is accurate and correct:

Applicant Signature: _____

Board Officer Signature: _____

For Kosciusko County Community Foundation Use Only:

CEO Signature: _____ Date: _____

Board Officer Signature: _____ Date: _____