

Please copy on your letter head

**REQUEST FOR PAYMENT - KEYS**

TO: KOSCIUSKO COUNTY COMMUNITY FOUNDATION, INC.  
ATTN: **Amy Cannon, Program Officer**  
102 East Market Street  
Warsaw, In 46580-2806

Date of Request: \_\_\_\_\_ **KEYS – SCHOOL REQUEST**

Grant # \_\_\_\_\_ Grant Expiration Date: \_\_\_\_\_

Brief Description: \_\_\_\_\_

School Corporation Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

<b>ORIGINAL GRANT AMOUNT</b>	\$
<b>AMOUNT OF THIS REQUEST (equal to attached receipts or documentation)</b>	\$
<b>REMAINING GRANT BALANCE (after this payment made)</b>	\$

\*Attach a confirmation of expenditures ie: invoices, purchase orders, or other written documentation of expenses. If your grant involved operating expenses, we require a copy of your current internal financial statement that shows a comparison of actual verses budgeted expenditures.

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

**Grantee signature(s) certifies the above information with attached confirmation of expenditures is accurate and correct:**

Applicant Signature: \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_

School Corporation Officer Signature: \_\_\_\_\_

<b>Kosciusko County Community Foundation Use Only</b>	
Foundation Director Signature: _____	Date: _____
Foundation Officer Signature: _____	Date: _____