

REQUEST FOR PAYMENT  
*Kosciusko County Community Foundation, Inc.*  
 Kosciusko REMC Operation Round Up – Organization Request

Date of Request: \_\_\_\_\_

Grant #: **OPR** \_\_\_\_\_ Grant Expiration Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

<b>ORIGINAL GRANT AMOUNT</b>	\$ _____
<b>AMOUNT OF THIS REQUEST</b> (equal to attached receipts or documentation)	\$ _____
<b>REMAINING GRANT BALANCE</b> (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: \_\_\_\_\_