



REQUEST FOR FUNDS

PROJECT NAME _____

GRANT(if applicable) _____

REASON FOR REQUEST:

Wages for _____
(Specify activity, dates and hours)

MAKE CHECK PAYABLE TO: _____

Reimbursement of expenses
(All receipts must be attached and detailed below - continue on back if necessary)

- PAID TO: _____ AMOUNT _____
- PAID TO: _____ AMOUNT _____
- PAID TO: _____ AMOUNT _____
- PAID TO: _____ AMOUNT _____
- PAID TO: _____ AMOUNT _____

TOTAL AMOUNT TO BE REIMBURSED _____

MAIL CHECK TO :

Name _____

Address _____

City _____ State _____ Zip _____

Payee phone _____ Payee SSN _____

APPROVED BY PROJECT BOARD LIAISON: _____ Date: _____

All requests received between the 1st and the 15th of each month will be paid on the 20th of the month. All requests received between the 15th and the 30th (31), of the month will be paid on the 5th of the following month or at the Board Meeting.

ALL CHECKS ARE MAILED. CHECKS MAY NOT BE PICKED UP IN PERSON!