

**FUNDING ARTS BROWARD, INC.**  
**Contract: Exhibit B**  
**PAYMENT REQUEST FORM**

Date: \_\_\_\_\_

Organization name: \_\_\_\_\_

Total Grant: \$ \_\_\_\_\_

Requests (except final request) shall be for the grant award or for a minimum of \$2,500.00, whichever is less. Please hold invoices of your paid expenses until this total is reached.  
**INVOICES MUST BE SUBMITTED WITH PAYMENT REQUEST.**

| <i>CATEGORY</i> | <i>VENDOR</i> | <i>AMOUNT</i> |
|-----------------|---------------|---------------|
|                 |               | \$ _____      |
|                 |               | \$ _____      |
|                 |               | \$ _____      |

Total of this request: \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title:

Check to be sent to:

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

Attention: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send electronic request with substantiating documentation to:

<mailto:fabgrantsmanager@gmail.com>