

**Exhibit A**  
**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 your request until this total is reached. **FAB GRANT FUNDS EXPENDITURE LOG (Exhibit A Continued) MUST BE SUBMITTED WITH PAYMENT REQUEST.** Access this form at the FAB website, [www.FundingArtsBroward.org](http://www.FundingArtsBroward.org), "For Grantees" tab.

**Note:** Retain all invoices and substantiating documentation for payment requests in the event Grantor requests them.

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 Grant Funds Expenditure Log to:**

[FABGrantsManager@gmail.com](mailto:FABGrantsManager@gmail.com)