

## Exhibit A PAYMENT REQUEST FORM

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

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

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.

**In addition to the above, requests for Final Payment must be accompanied by the following:**

- **Final Report (Exhibit B)**
- **Final Report Certification (Exhibit C)**
- **Final Program Financial Report Form (at website)**

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

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

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

**Check to be sent to:**

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

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

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

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

**Please send electronic request with all required supporting documentation to:**  
[FABGrantsManager@gmail.com](mailto:FABGrantsManager@gmail.com)