

# Exhibit A PAYMENT REQUEST FORM

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

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

**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: \_\_\_\_\_

**To have a paper check mailed complete this section**

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

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

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

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

**For ACH payment complete this section**

Bank Name: \_\_\_\_\_

ACH Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact info for someone in the organization to verify (Name, Email, Phone number):

\_\_\_\_\_

**Please send electronic request with all required supporting documentation to:**

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