

ALLEGHENY REGIONAL ASSET DISTRICT
 Capital Grant Payment Request Form



Please fill out this cover page and return it with copies of invoices.

Organization Name: _____

Your Name and Title: _____

Signature: _____

The person signing the form is authorized by the asset to submit the request and certifies that the funds requested have been used for the authorized project and that no reimbursement for these costs has been received from another funding source.

Phone: _____

Email: _____

Project Year: _____

Original Grant Amount: \$ _____

Total Prior Invoices Submitted: \$ _____

Total Current Invoice(s): \$ _____

Grant Balance: \$ _____

Is this a final payment? Yes _____ No _____

Description of Invoice(s): Please list invoice number, dollar amount, name of vendor, and description for each item below. Use additional pages if necessary. Attach copies of current invoices.

Invoice #	Vendor Name	Cost	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For District Use Reviewed By: _____ Approved By: _____
