

First Payment Request Form

Use this form to request your first payment of up to 90 percent of your award. Before any payment can be processed, Georgia Humanities must have a completed W-9 for your organization, a copy of the letters sent to your legislators informing them of the grant award, and a grant event form. Please utilize the organization's business address on this form.

Name of Organization:		
Grant Number:		
Financial Officer:		
E-mail:		
Phone:		
Address:		
GRANT EXPENDITURES		
	Amoun	t Paguastad
Budget Categories Honoraria/Stipends	Amoun	t Requested
•		
Transportation/Travel		
Advertising/Marketing		
Printing/Duplication		
Postage/Supplies/ Phone Charges		
Facility/Equipment Rental		
Paid Vendors		
TOTAL		
We certify that this information is true and correct, and that file in our office, available for audit up to three years following		•
Signature of Financial Officer (Required)		Date
Signature of Project Director (Required)		Date
Authorized for payment by GH	Date	Amount Approved