



Payment Request Form

Use this form to request either a first payment of up to 90-percent of your award at the beginning of your grant period, a final payment of your remaining award balance, or a final payment of your award in full at the end of your grant period.

Note: 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 on file for payments to be processed.

Name of Organization:

Grant Number:

Financial Officer:

E-mail:

Phone:

Address:

I am requesting (select one): **90% of Award** **Remaining Award Balance**

Award Amount in Full (only available at end of grant period)

GRANT EXPENDITURES	
Budget Categories	Amount Requested
Honoraria/Stipends	
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 documentation of these expenditures is on file in our office, available for audit up to three years following the submission of our Final Report.

Signature of Financial Officer (Required) **Date**

Signature of Project Director (Required) **Date**

Authorized for payment by GH **Date** **Amount Approved**