



PAYMENT REQUEST FORM

Date submitted: _____ Grant Year: _____ Total Grant: \$ _____

Name of Organization: _____ Name of Program/ Exhibition _____

Dates of Performances: _____

Requests (except for **FINAL PAYMENT** request) shall be for a minimum of \$2,500.00.

Please hold invoices until this total is reached.

If it is not clear from the category how the invoice relates to the program, please add explanation

COPIES OF INVOICES MUST BE SUBMITTED WITH PAYMENT REQUEST.

Category	Vendor	Amount	Explanation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total of this request: \$ _____

Authorized Signer: _____
Signature Print Name

Check to be sent to: Name of organization: _____

Attention: _____

Address: _____

Phone: _____ Fax: _____

Please send request to: Naomi Honig, Treasurer
 Funding Arts Network, Inc.
 P.O. Box 331864
 Miami, FL 33233-1864