



### 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 unclear how the invoice relates to the program, please add explanation.

**COPIES OF INVOICES MUST BE SUBMITTED WITH PAYMENT REQUEST.**

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

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:** Michaela Segall, Grants Manager

FUNDING ARTS NETWORK, INC.  
P.O. Box 331864  
Miami, Florida 33233-1864