



## FINAL PAYMENT REQUEST FORM

**PROJECT NAME** \_\_\_\_\_

**GRANT AWARD \$** \_\_\_\_\_

**GRANTEE** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

### PAYMENT REQUEST

### Final Payment Request

Total Project \$ \_\_\_\_\_

Total of Invoices \$ \_\_\_\_\_

Total In-Kind \$ \_\_\_\_\_

Reimbursement #1 \$ \_\_\_\_\_

Final Reimbursement Request \$ \_\_\_\_\_

### ATTACHMENTS

- A. **Budget spreadsheet summarizing all costs of the project.**
- B. Copies of all invoices.
- C. Copy of Grantee's canceled check(s) for each item being requested for reimbursement.
- D. Report Narrative Fact Sheet with one photo attached.
- E. Cash Match Sheet.

### GRANTEE APPROVAL

By \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

### SCHUYLKILL HIGHLANDS APPROVAL

By \_\_\_\_\_

Date \_\_\_\_\_