

**ALLEGHENY REGIONAL ASSET DISTRICT**  
Project Grant Payment Request Form



Please fill out this cover page and return it with copies of invoices.

Organization Name: \_\_\_\_\_

Your Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*The person signing the form is authorized by the asset to submit the request and certifies that the funds requested have been used for the authorized project and that no reimbursement for these costs has been received from another funding source.*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Year Grant Approved: \_\_\_\_\_

Original Grant Amount: \$ \_\_\_\_\_

Total Prior Invoices Submitted: \$ \_\_\_\_\_

Total Current Invoice(s): \$ \_\_\_\_\_

Grant Balance: \$ \_\_\_\_\_

Is this a final payment? Yes \_\_\_\_\_ No \_\_\_\_\_

**Description of Invoice(s):** Please list invoice number, dollar amount, name of vendor, and description for each item below. Use additional pages if necessary. Attach copies of current invoices.

Invoice #	Vendor Name	Cost	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For District Use Reviewed By: _____ Approved By: _____
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