**Capital Grant Payment Request Form**

**Allegheny Regional Asset District**

436 Seventh Avenue, Suite 2201
Pittsburgh Pa. 15219
Phone: (412) 227-1900    FAX: (412) 227-1905
E mail: info@radworkshere.org

**For District Use**

Reviewed By: _____
Approved By: _____

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

Organization Name  
___________________________________________________

Your Name and Title  
___________________________________________________

Authorized 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: _____________________

Project Year  
________________________

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.

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Vendor Name</th>
<th>Cost</th>
<th>Description</th>
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Use additional sheets if necessary.
Attach a copy of current invoice(s).