

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.

Invoice Number	Vendor Name	Cost	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use additional sheets if necessary.
Attach a copy of current invoice(s).