



PAYMENT REQUEST (FY 2020) FOR RESORT TAX FUNDS

Entity Name:	ABC Foundation		Payment Request History			
Contact Name:	Jane Doe		Request #	Date	Amt Requested	Balance
Telephone:	406-555-1000		1	7/1/19	10,000	80,000
Email:	jane@abc.com		2	8/1/19	20,000	60,000
			3			60,000
Application Request:	\$	100,000	4			60,000
Adjustments:	\$	(10,000)	5			60,000
Contract Amount:	\$	90,000	6			60,000
			7			60,000
Payment Request #:		2	8			60,000
Date:		8/1/19	9			60,000
Payment Request Amount:	\$	20,000	10			60,000
			11			60,000
Balance to Finish:	\$	60,000	12			60,000
% Completed:		33%		Total:	\$ 30,000	\$ 60,000

Notes: _____

Include the following documents with this request: 1) completed sheets 1-3 of this form and 2) Documentation showing the expenses listed in this request (receipts, invoices, contracts, payroll reports, etc.)

The undersigned certifies that to the best of their knowledge work has been completed in accordance with the contract.

Signature of Authorized Representative: _____

Jane Doe

Date: 8/1/19

Resort Tax Office Use Only

Comments: _____

Approved for Payment By: _____

First Review: _____

Date: _____

Finance & Compliance Mgr: _____

Date: _____

Project Spending to date						
Project Name*	Total Project Budget	Amount spent this request	Total Funds To Date	Percentage Complete		
Operations	\$ 70,000.00	\$ 10,000.00	\$ 12,000.00	17%		
Building Project	\$ 20,000.00	\$ 10,000.00	\$ 18,000.00	90%		
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	\$ 90,000.00	\$ 20,000.00	\$ 30,000.00	33%		

*Please use the projects from your funding application.