Brunswick Main Street

Façade Improvement Program
REQUEST FOR PAYMENT

Grantee: _____

Business Name: _____

Address: _____

_____

Federal ID/Soc. Sec.#: _____ **Phone #:** _____

Contact Person: _____ **Work/Fax #:** _____

Grant Amount $_____ **Disbursed to Date $**_____

Amount Requested $_____

Items covered in this request.

1. *Attach supporting documentation of payment (canceled checks, invoices, inspector's certification, etc.).*
2. *Also attach and email two photos of the completed project (brunswickmainstreet@yahoo.com)*

Vendor	Item	Amount

I hereby certify that the information set forth in this document, and in any attachment in support thereof, is true, correct, and complete to the best of my knowledge and belief.

_____ _____ _____

Authorized Signature Title Date

FOR OFFICE USE

Date Received:_____

Authorization is Given to Disburse $_____

Approved by Project Manager_____ Date:_____

Additional Instructions:_____