

**COMMUNITY IMPROVEMENT GRANTS
 COMM BEAUTIFICATION AND ENVI STEWARDSHIP
 PAYMENT REQUEST FORM**

This payment request shall be billed to: BROOME COUNTY DEPARTMENT OF PLANNING, 60 HAWLEY STREET, PO BOX 1766, BINGHAMTON, NEW YORK 13902. May be billed electronically to beth.lucas@broomecounty.us

ORGANIZATION INFORMATION		
1. GRANTEE NAME (SAME AS ON GRANT AGREEMENT):	2. GRANT NUMBER (ON FRONT OF EXECUTED CONTRACT):	
3. GRANTEE STREET ADDRESS:		
CITY:	STATE: NY	ZIP:
PAYMENT REQUEST		
PAYMENT REQUEST NUMBER:	EXPENDITURE PERIOD:	
TYPE OF PAYMENT REQUEST (CHECK ALL THAT APPLY): <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> FINAL		
EXPENDITURE DETAIL		
OUTLINE THE EXPENSES FOR WHICH YOU ARE REQUESTING PAYMENT. PLEASE ATTACH BACKUP DOCUMENTATION FOR ALL SUBMITTED EXPENSES.		
CONSULTING		
ADVERTISING/MARKETING		
SUPPLIES AND MATERIALS		
EQUIPMENT		
PRINTING		
OTHER:		
TOTAL AMOUNT REQUESTED		
PAYMENT CERTIFICATION		
<i>I certify that the above information is true and correct and that all costs for which payment/reimbursement is requested were incurred in accordance with the above referenced Broome County Grant Agreement.</i>		
PRINT NAME:	TITLE:	
AUTHORIZED SIGNATURE/DESIGNEE:	DATE:	