

**COMMUNITY IMPROVEMENT GRANTS  
SMALL COMMUNITY FUND**

**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 [communitygrants@broomecounty.us](mailto:communitygrants@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):

ADVANCE

REIMBURSEMENT

FINAL

**EXPENDITURE DETAIL**

OUTLINE THE EXPENSES FOR WHICH YOU ARE REQUESTING PAYMENT.  
PLEASE ATTACH BACKUP DOCUMENTATION FOR ALL SUBMITTED EXPENSES.

SALARIES/WAGES (INCLUDING FRINGE)

EQUIPMENT

SUPPLIES/MATERIALS

CONSULTING

ADVERTISING

PRINTING/SUPPLIES

OTHER:

OTHER:

**TOTAL AMOUNT REQUESTED**

*(NOT TO EXCEED AVAILABLE GRANT FUNDS)*

**PAYMENT CERTIFICATION**

*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.*

PRINT NAME:

TITLE:

AUTHORIZED SIGNATURE/DESIGNEE:

DATE: