



GRANT PAYMENT REQUEST FORM

Date of Request: _____

Agency Name: _____

Project Title: _____

Address: _____

Email: _____

Phone: _____

Grant Award Amount: _____

Total Prior Payments _____

Balance of Award: _____

Payment Request Amount: _____

I certify that to the best of my knowledge that all disbursements and obligations have been/will be made in accordance with the purposes and conditions of this grant.

Grantee Authorized Representative Signature

Date

Name & Title

ALASKA CHILDREN'S TRUST USE ONLY

ACT Approving Official's Signature

Date

Note: Please email completed form to tstorrs@alaskachildrenstrust.org. Payment will take 4-6 weeks to process.