



A COMMUNITY PARTNERSHIP FOR PUBLIC EDUCATION

GRANT REQUEST FOR PAYMENT

PROJECT PAYMENTS

Payments must be requested by completing the form below. Make copies as needed.
All Payment Requests must include proper documentation and include receipts.
Payment requests should be forwarded to your project manager for signature.
Project Manager will submit Request for Payment to HEF Office.

REQUEST FOR PAYMENT

Date of Request: _____ School: _____ Grant Year: _____

Type of Grant: Mini Major (Circle One)

Grant Title: _____

Name: _____

Address _____

Phone Number: _____ Email: _____

Expenditures: _____ Date of Expense: _____

Total of Expenditures : _____ Amt. Requested: _____

Make check payable to: _____

Send check to: _____

Signature

Project Manager Signature

Please attach receipts and forward to your Project Manager. Do not send to the Hingham Education Foundation. Use back of form to list additional expenditures, if needed.

HEF Use Only		
Grant ID	Budgeted Amount	Balance