

**Mississippi Arts Commission
Organizational Grantee Request for Payment
Request 2 of 2**

Please complete and submit with your final report.

Grant Number:

Employee ID Number:

Grantee Name and Address:

Type of Payment: Direct Deposit

Paper Check*

*Please note, the Mississippi Department of Finance and Administration (DFA) requires all MAC grantees to receive their grant payments through direct deposit (electronic payment). If your organization is unable to receive payments electronically, you must request an exemption directly from DFA. Please contact MAC's Chief Fiscal Officer, Emily Tschiffely, etschiffely@arts.ms.gov to request the exemption form.

Project End Date:

Your Total Grant Award:

Less Cash Requested to Date

Received:

This Request:

Total:

Remaining Grant Award Balance:

Certification:

I hereby certify that the services covered by this request have not been received from the Federal Government or expended for such services under any other contract agreement or grant. The amount(s) requested will be expended for allowable cost/expenditures under the terms of the contract agreement or grant. Amounts requested herein do not exceed the total funds obligated by contract, and funds are requested only for immediate disbursement needs.

Authorizing Official

Date

Request prepared by: _____ Date: _____

MAC Use Only:

Vendor No. _____ Fund No. _____

Object Code _____ Federal Grant _____ Agreement No. _____

MAC Approval _____ Date _____