

**Mississippi Arts Commission
Artist Minigrant
Request for Payment
Request 1 of 1**

Grant Number:

Grantee Social Security 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 to receive a paper check (see: <http://www.dfa.state.ms.us/Content/Rules/MANDATORYE-PAYMENTSTOVENDORS.pdf> on how to request an exemption)*

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.

[signed]

Date

MAC Use Only:

Vendor No. _____

Fund No. _____

Object Code _____

Federal Grant _____

Full Grant Program _____

MAC Approval _____

Date _____