

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

Please complete this form with your Final Report Form.

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 to receive a paper check*

Project End Date: _____

Total Grant Award:

Amount of Matching Funds Raised and Spent:

Less Cash Requested to Date:

Grant Funds Received: _____
This Request: _____
Total: _____

Remaining Grant Award Balance: \$0

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] Authorizing Official

Date

Request prepared by: _____

Date: _____

MAC Use Only:

Vendor No. _____

Fund No. _____

Object Code _____ Federal Grant _____ Full Grant Program _____

MAC Approval _____ Date _____