Panhandle Alliance for Education, Inc.
GRANT PAYMENT REQUEST

To Be Filled In By Alliance Coordinator			
Grant No.:		Total Grant Award:	$
School:		Payments to Date:	$
Date:		Balance Available:	$

To Be Filled In By Project Director

Payment Detail:
List expenses incurred and attach documentation (invoices, receipt, order form, etc.) for each line item.*

	Expense Item	Date Incurred	Amount	Pay to: (name/address)
1				
2				
3				
4				
5				
6				
7				
8				
	Total Amount Requested		$	

*You may wish to attach a separate page explaining how the expense items relate to the approved grant.

Submitted by: _____ Date: _____
Project Director

Approved by: _____ Date: _____
Alliance Compliance Officer