



Payment Request

Organization _____
Contact Person _____
Organization Address _____
Contact Person Telephone _____
Contact Person Email _____
Amount Requested: \$ _____ Pick-up Check: Mail Check:

Checks may be picked up at 2020 Hampton Street, 4th floor, Finance Department

Please Note: Fulfillment of the payment request is contingent upon approval of grant funding by Richland County. Additionally, the total amount requested may not be funded. If approved, the grantee will receive the total of grant funds awarded contingent upon receipt of all required documentation, review thereof, and approval by the Grants Manager.

Budget Item:	Amount Requested:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Amount Request:	\$	

Required Attachments: *Payments will not be processed until the following documentation is received.*

- List of Grant Expenditures:**
Please attached an itemized list of expenditures. The total should match the total amount of funds requested. The list should include vendor name, amount, and expense category (i.e. entertainment, marketing, security)
- Current Balance Sheet:**
This is defined as a financial "picture" of a company at a given date in time that lists a nonprofit's assets, liabilities, and the difference between the two, which is the nonprofit's equity, or net worth. It can also be defined as an itemized statement which lists the total assets and the total liabilities of a given business to portray its net worth at a given moment of time.

Organization Signature:

Provide signature of the Authorizing Official within the organization, verifying accuracy of above statements and attachments.

_____	_____
Signature	Title
_____	_____
Print Name	Date

For questions, please call Tyler Kirk, Grants Coordinator, at 803.576.5459.
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