flite

Grant Payment Request Form (please print)

This form should be used only for payments on approved FLITE grants.

Please email completed form and support to: Michele Hinken at flite.treas@gmail.com. Or mail to FLITE, P.O. Box 806, Southeastern PA 19399. Contact Michele by email or 314-369-3013

Section A: to be completed by person submitting

Please allow up to 10 days for payment processing from date received by Treasurer.

Please attach all invoices, receipts and/or supporting documentation, in order to process Payment.

Date submitted: _____ Submitted by: _____

Contact phone number: _____ Signature: _____

Contact email: _____

FLITE grant name: _____

Pay to the order of: _____

Requested amount: $ _____ (must be supported by documentation)

Due date (if applicable): _____

Mail to: Name _____

Street _____

City _____ State _____ Zip _____

Section B: to be completed by FLITE committee member assiged as liaison for grant

Please complete the Grant budget information in the grid below.

Total Grant approved budget: $ _____

This payment: _____

I have verified that the invoices submitted are accurate and within the scope of the approved budget.

Signature of liaison: _____ Date: _____

Section C: to be completed by Proposal Committee Chair, FLITE Chair or FLITE Vice Chair

Approved by: _____ Date: _____

FLITE Treasurer's Use Only

Check Number: _____ Account Name: _____

Paid Date: _____ Account No: _____

form updated 9/23/21