Final Payment Request Form

AHF Grant #_____

Fill in the appropriate categories.

I. Cash Request:

Final Grant Expenditures: **$_____**

Payments to Date: **$_____**

Less interest on Grant Funds: **$_____**

Payment Requested: **$_____**

OR

II. Reimbursement to AHF:

Payments to Date: **$_____**

Final Expenditures: **$_____**

Less interest on Grant Funds: **$_____**

Refund Due to AHF **$_____**

CERTIFICATION:

We certify the foregoing information is true and correct and that all expenditures were incurred solely for the purpose of the above-numbered project, during the project period, and in accordance with the agreed-upon conditions of the grant.

Project Director

_____

Printed name Signature Date

Fiscal Agent

_____

Printed name Signature Date