

**COMMUNITY IMPROVEMENT GRANTS  
ECONOMIC DEVELOPMENT AND MARKETING**

**PAYMENT REQUEST FORM**

This payment request shall be billed to: BROOME COUNTY DEPARTMENT OF PLANNING, 60 HAWLEY STREET, PO BOX 1766, BINGHAMTON, NEW YORK 13902. May be billed electronically to [communitygrants@broomecountyny.gov](mailto:communitygrants@broomecountyny.gov)

**ORGANIZATION INFORMATION**

1. GRANTEE NAME (SAME AS ON GRANT AGREEMENT):

2. GRANT NUMBER (ON FRONT OF EXECUTED CONTRACT):

3. GRANTEE STREET ADDRESS:

CITY:

STATE:

NY

ZIP:

**PAYMENT REQUEST**

PAYMENT REQUEST NUMBER:

EXPENDITURE PERIOD:

TYPE OF PAYMENT REQUEST (CHECK ALL THAT APPLY):

ADVANCE

REIMBURSEMENT

FINAL

**EXPENDITURE DETAIL**

OUTLINE THE EXPENSES FOR WHICH YOU ARE REQUESTING PAYMENT.  
PLEASE ATTACH BACKUP DOCUMENTATION FOR ALL SUBMITTED EXPENSES.

ARTIST/PERFORMER FEES

CONSULTING

ADVERTISING MARKETING

SALARIES

SUPPLIES AND MATERIALS

EQUIPMENT

PRINTING

OTHER:

TOTAL AMOUNT REQUESTED

**PAYMENT CERTIFICATION**

*I certify that the above information is true and correct and that all costs for which payment/reimbursement is requested were incurred in accordance with the above referenced Broome County Grant Agreement.*

PRINT NAME:

TITLE:

AUTHORIZED SIGNATURE/DESIGNEE:

DATE: