

REQUEST FOR GRANT PAYMENT

Name _____

Grant _____

Date(s) worked: From _____ To _____

Amount to be Paid _____

Budget Number and Object Classification* _____

Description of Job Performed _____

Supervisor
Signature _____ Date _____

Director of
Sponsored
Programs ** _____ Date _____

***Please be sure there are sufficient funds in the budget for payment**

****This signature is required only if the payee is the Principal Investigator/Project Director in charge of a grant.**

MUST BE COMPLETED FOR PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR TO BE PAID ON GRANTS.