

REQUEST FOR PAYMENT FROM THE HOYT FOUNDATION:

**PLEASE PLACE THIS FORM ON TOP
IF MAILING WITH OTHER INFORMATION
PLEASE EMAIL TO: Assistant@hoytfoundation.org**

Grant Number: _____

AGENCY: _____ Phone: _____ Date: _____

AMOUNT REQUESTED: _____

Checks are issued three weeks after approval, barring unforeseen circumstances. It is policy that grant checks are mailed directly to the grantee. Please keep this information in mind when submitting your request.

FUNDS NEEDED BEFORE: _____

To the best of our knowledge, all applicable conditions of the contract have been met.

Name & Title (Please Print)

Signature

Grantees, please note: Documentation of expenses may be required before release of payment. If you are unsure as to whether or not your particular situation calls for documentation of expenses, please call the Hoyt Foundation for assistance.

(For Foundation use only):

Date: _____ Approved for payment: Y ____ N ____

Amount: _____ Staff Signature: _____

Details: _____
