

**NOTE:**  
**PLEASE PLACE THIS FORM ON TOP**  
**IF MAILING WITH OTHER INFORMATION**

**REQUEST FOR PAYMENT FROM THE HOYT FOUNDATION:**

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: \_\_\_\_\_

\_\_\_\_\_