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 now being sent through M&T Bill Pay system. They will be issued up to three weeks after approval, barring unforeseen circumstances. 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:_____

_____