

ALABAMA STATE COUNCIL ON THE ARTS
REQUEST FOR ADVANCE OR REIMBURSEMENT
INTERIM PAYMENT REQUEST FORM

This form is to be completed and returned to the Grants Office (201 Monroe Street, Suite 110, Montgomery, AL 36104) prior to August 1, if the project activities will not be completed until September 30, and/or a final report has not been submitted prior to August 1.

Grant# Organization or Individual Legal Name

Mailing Address

Physical Address

Contact Person Name

Contact Person Phone Contact Person Email

Progress Report

Please provide a brief description of all activities supported by the ASCA grant that have been undertaken since the grant period start date.

List all grant supported activities scheduled for the remainder of grant period (August 1-September 30).

COMPUTATION OF AMOUNT REQUESTED

| | | | | |
|---|----------------------|---|---|--|
| Total Project Expenses to Date (Grant + Match) | <input type="text"/> | | | |
| | | + | | |
| Estimated Project Expenses for Remaining Grant Period | <input type="text"/> | | = | |
| Total Project Expenses (Actual and Projected) | <input type="text"/> | | - | |
| Actual Grant Payment Received | <input type="text"/> | | = | |
| Project Advance/Reimbursement Payment Request | <input type="text"/> | | | |

Authorizing Official Name Authorizing Official Title

Authorizing Official Signature _____ Date _____