# CITY OF CHOWCHILLA
# COUNCIL CONTINGENCY FUND
# REQUEST FOR PAYMENT

Organization Name: _____

Event/Project Name: _____

Contact Name:_____ Contact Phone: _____

Contact Email: _____

Payment Request # (1st, 2nd, state if it is the *final payout*–based on entire funding): _____

**REIMBURSEMENT REQUEST FOR:**
Check all that apply and attach required documentation for payment.*

☐ Receipts ☐ Invoices ☐ Salaries ☐ Other: _____

## STATUS OF FUNDS

1. Grant Amount Awarded: _____
2. Sum of Past Claims Paid for this Project:_____
3. Amount of This Request: _____
4. Total Requests: (Line 2 + Line 3) _____
5. Current Grant Balance: (Line 1 – Line 4) _____

I certify that this request for payment is made in accordance with the terms and conditions of the Council Contingency Fund of the City of Chowchilla as the grantor, and our organization, as the Grantee.

_____

Signature Date

_____

Print Name Title

**Please submit to the attention of:**
**City Clerk, 130 S. Second Street, Civic Center Plaza, Chowchilla, CA 93610.**

**Required documentation for Payment: When submitting receipts and/or invoices, please provide a summary sheet itemizing each expense. If requesting salary reimbursement, please provide a copy of a payroll report detailing the number of hours and hourly rate per person.*