



Grant Payment Request Form

Please print or type.

Grantee Organization: _____

Address to which the check should be mailed: _____

Project title: _____

Grant Number: _____

Amount requested this disbursement: \$ _____

____ I certify that to the best of my knowledge, all disbursements and obligations have been/will be made in accordance with the purposes and conditions of this grant.

Signature of Project Director

Printed name of Project Director

Date: _____

Work Telephone Number: _____

Home Telephone Number: _____

E-mail: _____

Please return to New Hampshire Humanities, 117 Pleasant St., Concord, NH 03301