

5-UF-2021 Lifeline Outreach Grant Program -- Grantee Payment Request Form

Grantee Name:
 Period Covered by Request:

Purchases and Expenses

<u>Budget Line</u>	<u>Description (e.g., purchase source, staff role, item type)</u>	<u>Amount</u>
<i>Telecommunications Services</i>	<i>Carrier internet bill</i>	<i>\$200.00</i>
<i>Labor (salary, fringe)</i>	<i>program manager time</i>	<i>\$100.00</i>
Total =		\$0.00

Match

<u>Budget Line</u>	<u>Description (e.g., , item type)</u>	<u>Amount</u>
<i>Contractual/Consultant Fees</i>	<i>contractor invoice</i>	<i>\$300.00</i>
<i>Labor (salary, fringe)</i>	<i>staff time to assist with project</i>	<i>\$100.00</i>
Total =		\$0.00

Date Submitted:
 Contact Person:
 Email Address:

By including my name in the submitter box, I certify that the expenses included in the payment request are consistent with the grant award approved by the Commission, relate to the approved project, are properly supported, and in compliance with all terms in the Grant Agreement between the Commission and the Grantee.