

Federal Payment Request

Grant: _____

Grant Number: _____

Illinois Community College Board
 401 East Capitol Avenue
 Springfield, Illinois 62701-1711

Must be e-mailed to
iccb.grantpayments@illinois.gov

Grantee: _____

FEIN: _____

Email: _____

Request #: _____

Contact Name: _____

Phone #: _____

Date Range: _____

FINAL PAYMENT REQUEST DUE BY AUGUST 1

Line Item:	Current Request*
Personnel	_____
Fringe Benefits	_____
Travel	_____
Equipment	_____
Supplies	_____
Contractual Services	_____
Consultant	_____
Training & Education	_____
Other	_____
Indirect Costs	_____
Total	<input style="width: 100px; height: 20px;" type="text"/>

Total Fed. Allocation: _____
 Total Prev. Requests: _____
 Current Request: _____
 Ending Balance: _____

By signing this payment request, I certify to the best of my knowledge and belief that the payment request is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

 Signature of Authorized Representative

 Title

Signed page submitted by PDF shall have the same legal effect as original.

ICCB Use Only:

Approval: _____ Date: _____