Payment Request

Grant:	Grant Number:	
Illinois Community College Board 401 East Capitol Avenue Springfield, IL 62701-1711	Must be e-mailed to iccb.grantpayments@illinois.gov	
Grantee:	FEIN:	
Email:	Request #:	
Contact:	Phone # :	

FINAL PAYMENT REQUEST DUE BY AUGUST 1 *

Line Item	Current Request
Personnel (Salaries/Wages)	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual Services	
Consultant (Professional)	
Construction	
Occupancy (Rent/Utilities)	
Telecommunications	
Training and Education	
Direct Administrative Costs	
Miscellaneous/Other	
Grant Exclusive	
Indirect/General Administrative	
TOTAL	

Remaining Balance	
Current Request	
Total Previous Requests	
Current Approved Budget	

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

Date Range:

Title

Date

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

	ICCB Use Only		
ICCB Approval		Date	

* grants that have terms that are not July 1 to June 30 may have a custom deadline - refer to the grant agreement.