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 # :	
Date Range:			
	MENT REQUEST DUE BY AL	JGUST 1st for prior fiscal year ex	penses.
Line Item	Current Request		
Personnel (Salaries/Wages)			
Fringe Benefits			
Travel		Current Approved Budget	
Equipment		Total Previous Requests	
Supplies		Current Request	
Contractual Services		Remaining Balance	
Consultant (Professional)			
Construction			
Occupancy (Rent/Utilities)			
Telecommunications			
Training and Education Direct Administrative Costs			
Miscellaneous/Other			
Grant Exclusive			
Indirect/General Administrative			
TOTAL			
IOIAL			
y signing this payment request, I certify to the lacurate; that the expenditures, disbursements, if federal pass-through award; and that support or any other expenditure described herein shall and records retention provisions of the grant against, may subject me to criminal, civil, or administrated Title 31, Sections 3729-3730 and 3801-3812	and cash receipts are for the puing documentation has been subled be considered conditional subjected any factorial any factorial subjected in the considered conditional subjected any factorial subjected in the condition of the	urposes and objectives set forth in the te omitted as required by the grant agreeme ect to further review and verification in a ulse, fictitious, or fraudulent information,	rms and conditions of the State int. I acknowledge that approval accordance with the monitoring or the omission of any material
ignature of Authorized Representative Title		Date	2
Signed page submitted by PDF shall have the same legal effect as original.			
ICCB Use Only			
CB Approval		Date	

^{*} Grants that have terms that are not July 1 to June 30 may have a custom deadline - Please refer to the grant agreement.