

Payment Request

Grant: _____

Grant Number: _____

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

Grantee: _____

FEIN: _____

Email: _____

Request #: _____

Contact: _____

Phone #: _____

Date Range: _____

FINAL PAYMENT REQUEST DUE BY AUGUST 1st for prior fiscal year expenses.

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	

Current Approved Budget	
Total Previous Requests	
Current Request	
Remaining 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 _____ 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 - Please refer to the grant agreement.