



Payment Request Form

Please complete all of the fields below.

Project Title:		Project Number:	
Payee Organization:		Payee Tax ID Number:	
Payee Organization Location	<input type="checkbox"/> U.S. <input type="checkbox"/> International		
Payee Organization Address (must not be a PO Box for wires)			
Payment Request Type	<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement		
Check here if this is the final payment request for this project.			

Payment Amount Requested	\$ _____		
Have all NFWF funds previously disbursed for this project been expended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If you marked "No" above, please provide an explanation including the amount that remains unspent and expected timeline for expenditure.)			
If requesting advance payment, please provide justification and a timeline for expected expenditure of these funds. A request of an advance of funds must be due to an imminent need of expenditure. (Required if Payment Request Type is "Advance." Please limit to 2,500 characters, including spaces.)			
Provide summary of project accomplishments to date. (Limit to 2,500 characters, including spaces.)			
Value of matching contributions (cash and in-kind) raised for the project to date	\$ ____ Non-federal \$ ____ Federal		
Value of matching contributions (cash and in-kind) raised and expended on the project to date	\$ ____ Non-federal \$ ____ Federal		
Payment Mechanism Requested	<input type="checkbox"/> Electronic Payment <input type="checkbox"/> Check		
Bank Information (Required if Payment Mechanism selected above is "Electronic Payment".)			
Bank Name			
Bank Address (must not be a PO Box)			
ACH Routing Number (preferred method of payment)			
Wire Routing Number (wires done only when ACH is not possible)			
SWIFT Code (international only)			
Name on Account			
Account Number			
International recipients must complete the below section. This information is for the U.S. intermediary bank conducting the transfer for international beneficiary banks.			
Intermediary Bank Name			
Intermediary Bank Address (must not be a PO Box)			
Intermediary Bank ABA Routing Number			
I certify to the best of my knowledge and belief that the payment request is true, complete, and accurate. The expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Grant Agreement or Contract. 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).			
Signature:			Date:
Typed Name and Title:			
If submitting electronically, please type in name, date and title in the signature lines above.			