

Payment Request

Outdoor Dining Grant Program

Grantee Information

Name

First Name

Last Name

Organization

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Request Number

Request Date

Month Day Year

Sub Total

Itemized Purchases/Activites

	Activity Description	Total Cost
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Notes

Please provide any notes that would be helpful for staff members while processing your payment request.