

Federal Payment Request

Grant:

Grant Number:

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

Must be e-mailed to
iccb.grantpayments@illinois.gov

Grantee:

FEIN:

Email:

Request #:

Contact Name:

Phone # :

Date Range:

FINAL PAYMENT REQUEST DUE BY AUGUST 1

<u>Line Item:</u>	<u>Current Request*</u>	
Personnel		Total Fed. Allocation:
Fringe Benefits		Total Prev. Requests:
Travel		Current Request:
Equipment		Ending Balance:
Supplies		
Contractual Services		
Consultant (Professional Services)		
Occupancy		
Telecommunications		
Training & Education		
Miscellaneous (Other)		
Indirect/Local Administrative Costs		
Total		

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

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

ICCB Use Only:

Approval: _____

Date: _____