



HUMAN SERVICES GRANT PROGRAM

FINANCIAL DRAW DOWN REQUEST FORM

Drawdown Request Instructions:

Please provide an accurate mailing address. Refer to the Scope of Services for drawdown dates and approved expenses. Be sure to line item all expenses (if appropriate). Please ensure legible, annotated invoices are submitted for ALL expenses noted below. ***IMPORTANT: DRAWDOWN REPORTS WILL NOT BE PROCESSED IF SUPPORTING DOCUMENTATION IS NOT SUBMITTED!**

<u>Payable To:</u> Agency Name & Address	<u>Description of Expenditure</u>	<u>Amount of Expenditure</u>
		\$ _____
		\$ _____
		\$ _____
Total Amount of 2013 Grant		\$ _____
Less Prior Requests		\$ _____
Grant Balance		\$ _____
Amount Requested		\$ _____
New Grant Balance		\$ _____

Space Below is for City Personnel Use Only

PO #	Account #/Project ID
	100 19 195 0000 43840 HSC13