

# SAFETY-FIRST Grant Payment Request Form

NO office use only

**ORGANIZATION NAME** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Project Title \_\_\_\_\_

DATE \_\_\_\_\_

**PAY TO** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VENDOR # \_\_\_\_\_  
 INV DATE \_\_\_\_\_  
 DUE DATE \_\_\_\_\_

SPECIAL INSTRUCTIONS

ACCT#	ITEM DESCRIPTION	AMOUNT
<b>Safety-First Grant Program</b>		
	• <b>DESCRIPTION 1</b>	
	* Payment Request	\$
	• <b>DESCRIPTION 2</b>	
	* Payment Request	\$
	• <b>DESCRIPTION 3</b>	
	* Payment Request	\$
	• <b>DESCRIPTION 4</b>	
	* Payment Request	\$

**GRAND TOTAL**    \$ \_\_\_\_\_

**CODING APPROVED** \_\_\_\_\_

**PAYMENT AUTHORIZED** \_\_\_\_\_  
 \_\_\_\_\_  
 Date

**PAYMENT AUTHORIZED** \_\_\_\_\_  
 Financial Officer

\*\*Attach supporting documents to request. Explain if there are no supporting documents.