

PAYMENT REQUEST FORM

Fiscal Sponsorship Program - Artists' Projects

Complete sections 1-6. Please type or print legibly.

1 Project Director: _____
Project Title: _____
Date Submitted: _____
Contact (if different than above): _____
Phone or email: _____

Payment Schedule
Requests received by 5PM Monday will be issued on Thursday (after 2PM).

2 Please make check payable to: _____ in the amount of \$ _____

3 Type of Payment Request (only check one):

A. Payment for Services (to the Project Director, any independent contractor or business providing services to the project)
Attach a copy of an invoice with taxpayer identification number(social security number, EIN) from the independent contractor or business providing the service.
Please provide Form W-9, available on ArteEast's website, to verify tax status when it is unclear whether a business is incorporated or not.

Is payee incorporated? Yes No if no, then Social Security/EIN: _____

B. Vendor Payment
You must provide copies of invoices for request to be processed

C. Reimbursement
Not to be used for services. All service payments are to be paid directly with an ArteEast check.
You must provide copies of receipts and/or paid invoices for request to be processed. For items over \$250, a copy of the cancelled check or other **proof of payment must be submitted** in addition to the invoice/receipts. **If you are attaching more than five items, include an itemized list of all receipts attached.**

D. Cash Advance
Cash Advance requests must be accompanied by a **general budget outlining the intended use** of the funds. **Actuals** (copies of receipts and invoices for which the funds were used) **must be received by ArteEast before another check can be cut to the payee**

4 Source of Funds (check at least one and all that apply)

Individual Foundation (specify) Corporation (specify)
Budget spreadsheets must accompany NEA & NEH requests (and other restricted funds) and must be **spent within 30 days**.
NYSCA NEA NEH

5 Check Disbursement

Will you be picking up this check after 2pm on Thursday? Yes No If no, provide mailing address.
Name _____
Address _____ City _____ State _____ Zip _____

6 Authorized Signature (required): _____ Date: _____

FOR ArteEast USE ONLY	
Amount to Payee:	Account Number:
Vendor #:	
Source of Funds:	Date Received:
Account Balance:	
_____	1099 Item? Yes No
ArteEast Sponsorship Program Officer/Date	ArteEast Finance Officer/Date

