

**CREATIVE COMMUNITIES SAN DIEGO**  
**REQUEST FOR PAYMENT FORM FOR USE IN PERIODS 1-3**

Organization: \_\_\_\_\_

Request period: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Person completing form/title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

EXPENSE CLASSIFICATION	TOT ALLOCATION	PAYMENTS TO DATE	PROJECT EXPENSES FOR THIS PERIOD	PAYMENT REQUEST FOR THIS PERIOD
<b>PERSONNEL: Wages and Benefits</b>				
Artistic/Entertainment (A)				
Project Administrative (AD)				
Event Coordinator (EC)				
Technical Production (TP)				
Security/Cleaning Crews (SC)				
Other (OP) _____				
<b>PERSONNEL SUBTOTAL</b>				
<b>OPERATING: Non-Personnel</b>				
Facility/ Rentals (FR)				
Marketing/Publicity (MP)				
Materials/Supplies (MS)				
Fundraising (FR)				
Other (OO) _____				
<b>OPERATING SUBTOTAL</b>				
<b>GRAND TOTAL</b>				

**AUTHORIZATION**

On behalf of the above named organization, I request the above payment amount.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

**This form cannot be emailed. Please print it out, sign it, and mail it to the Commission. Address given on next page.**

