CREATIVE COMMUNITIES SAN DIEGO PROGRAM

REQUEST FOR PAYMENT FORM



Complete, Sign and Mail this Form to:
Contract Coordinator
Commission for Arts and Culture
1200 Third Ave Suite 924
San Diego, CA 92101-14-6
Or email to
tmonillas@sandiego.gov



Contract #	Amount of Funding	
Request Period Start Date	Request Period End Date	

ORGANIZATIONAL INFORMATION:

Organization	
Mailing Address	
City, State Zip	
Name of Form Preparer	
Title	
Phone	
Fax	
Email	

REQUEST DETAILS:

Line # and Description	Amount Requested
1 – Artistic (All Disciplines)	
2 – Entertainment	
3 – Administrative	
4 – Event Organizer	
5 – Technical/Production	
6 – Security/Cleaning	
7 – Other Personnel (Describe in Details Table)	
8 – Rent/Facilities	
9 – Materials/Supplies	
10 – Marketing	
11 – Fundraising	
12 – Other Non-Personnel (Describe in Details Table)	
13 – Total	
14 – Total Project Expenses for this Request Period	
15 – Total Project Expenses for the year (Final Request Only)	

Use the line numbers above in the Expenses Details Table on the next page.

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		Total ve Commu	minies San Diego Request for Fayment F			
Organiz	cation					
EXPENSES DETAILS TABLE: You should enter information into this table ONLY IF you are requesting full or partial reimbursement for the listed expenditure. Attach additional pages if necessary.						
Row	Date	Check #	Vendor	Line #	Amount	
A						
В						
С						
D E						
F						
G						
Н						
I						
J						
K L			TOTAL			
			te table below to provide the requested in amounts you already reported. Attach			
Row	Date		Source		Amount	
M						
N O						
P						
Q						
R						
S	S TOTAL					
	ORIZATI		tronically or otherwise is an official RE 0	OUEST FOR PA	VMENT by the	
ORGA		N identified above.	The submission includes an affirmation			
	f Authoriz	ed Submitter				
Title						
Signatu	nature Date					
Approved by Victoria L. Hamilton, Executive Director, City of San Diego Commission for Arts and Culture						
Signatu	gnature Date					
					•	