

ORGANIZATIONAL SUPPORT PROGRAM
FINAL REQUEST FOR PAYMENT FORM

ORGANIZATION: _____

REQUEST PERIOD: (MONTH/DAY/YEAR) _____ / _____ / _____ through _____ / _____ / _____

PERSON COMPLETING FORM/TITLE: _____

TELEPHONE: _____ FAX: _____

EXPENSE CLASSIFICATION	TOT ALLOCATION (A)	PAYMENTS TO DATE (B)	TOTAL ORGANIZATION EXPENSES FOR THIS PERIOD (C)	TOTAL ACTUAL ORGANIZATION EXPENSES FOR FISCAL YEAR (D)	FINAL PAYMENT REQUEST FOR THIS PERIOD (E)
PERSONNEL: Wages and Benefits					
Artistic (A)					
Administrative (AD)					
Education (E)					
Technical Production (TP)					
Other (OP) _____					
PERSONNEL SUBTOTAL					
OPERATING: Non-Personnel					
Facility/Space (inc. rentals) (FS)					
Marketing (M)					
Education (EE)					
Production/Exhibition (PE)					
Fundraising (FR)					
Other (OO) _____					
OPERATING SUBTOTAL					
GRAND TOTAL					

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.

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REQUEST FOR PAYMENT BUDGET DETAILS

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the reverse side of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement. If you need additional space to record the check and vendor information, please attach a second page. **RETAIN A COPY FOR YOUR RECORDS.**

EXPENSE CLASSIFICATION CODE LETTERS

PERSONNEL - WAGES & BENEFITS

- A** Artistic
- AD** Administrative
- E** Education
- TP** Technical Production
- OP** Other (Personnel)

OPERATING – NON-PERSONNEL

- FS** Facility/Rentals
- EE** Education
- M** Marketing
- PE** Production Exhibition
- FR** Fundraising Expenses
- OO** Other (Operating)

CHECK NUMBER	DATE	VENDOR Only submit information on checks for which you are seeking reimbursement.	AMOUNT	CODE LETTER

MATCHING INCOME INFORMATION: You are required to match your City TOT funding 3:1

1. Total matching dollars required for this contract year: _____
2. Total matching dollars received to date: _____
3. Matching dollars required for this request period: _____
4. Please indicate sources and amounts of matching income you have received for this request period:

<u>Date</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print out, sign and mail this completed form to: **Contracts Coordinator, Commission for Arts and Culture, 1200 Third Ave., Ste. 924, San Diego, CA 92101-4106**