

ORGANIZATIONAL SUPPORT PROGRAM

REQUEST FOR PAYMENT FORM



Complete, Sign and Mail this Form to:
 Contracts Coordinator
 Commission for Arts and Culture
 1200 Third Ave Suite 924
 San Diego, CA 92101-4106



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

Total Expenses For This Request Period		Total Expenses For the Year (Final Request Only)	
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ORGANIZATIONAL INFORMATION:

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

Key to CDP Line Numbers below and for use in the Expenses Details Table on the next page.

PERSONNEL		OPERATING	
1	All Salaried Personnel	3	Advertising and Marketing
5	Non-Salaried Artists and Performers	34	Production and Exhibition
		38	Rent

REQUEST DETAILS:

CDP Line #	Allocation	Request 1	Request 2	Request 3	Request 4	Balance
1						
5						
Other Personnel						
Sub-Total						
3						
34						
38						
Other Operating						
Sub-Total						
Grand Total						

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Organization	
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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	CDP Line #	Amount
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L	TOTAL				

MATCH DETAILS TABLE: Use the table below to provide the requested information about your match for THIS request periods. Do NOT report amounts you already reported. Attach additional pages if necessary.

Row	Date	Source	Amount
M			
N			
O			
P			
Q			
R			
S			
T	TOTAL		

AUTHORIZATION:

The submission of this document electronically or otherwise is an official **REQUEST FOR PAYMENT** by the **ORGANIZATION** identified above. The submission includes an affirmation that all information contained herein is true and correct.

Name of Authorized Submitter	
Title	

Signature	Date
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Approved by Victoria L. Hamilton, Executive Director, City of San Diego Commission for Arts and Culture

Signature	Date
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