



2021-2022 PAYMENT REQUEST FORM

Your Name: _____

I hereby certify that this project cost breakdown is correct, just and based on actual payment(s) of record by the Grantee referenced above; that payment for these costs has not/will not be received from any source other than the Illinois Department of Natural Resources; that payment from the Illinois Department of Natural Resources has not been received for these costs; and that the completed work is in accordance with the provisions of the Department of the Interior, U.S. Fish and Wildlife Service and the signed Grant Agreement, including amendments thereto, with the Illinois Department of Natural Resources.

Signature: _____ Date: _____

The school information should be the same as that submitted on the W-9 form in your grant application.

School: _____

Address: _____

City: _____ State: IL Zip Code: _____

Description of Expense	Name of Vendor	Amount Paid
Bus Transportation		

PLEASE REMEMBER TO ATTACH A COPY OF THE CANCELED CHECK OR OTHER PAID RECEIPT FROM YOUR SCHOOL AND A COPY OF THE ORIGINAL INVOICE FOR EACH PAYMENT REQUEST. AN INVOICE SHOWING A BALANCE DUE DOES NOT MEET THIS REQUIREMENT.

Mail to:
Illinois Department of Natural Resources, Division of Education
One Natural Resources Way, Springfield, IL 62702.

(for IDNR use only)

Received:

Grant Number: _____ Grant Award Amount: _____ Source: IDNR