

REQUEST FOR PAYMENT FORM
INDIAN COUNTRY ECONOMIC DEVELOPMENT (ICED) PROGRAM
Native American Business Advisors (NABA) & Tribal Business Planning Grants

REQUEST FOR FUNDS

On behalf of the _____ a request is hereby made for a
draw of funds from the Indian Country Economic Development Program
contract number _____ In the amount of _____.

REQUESTED BY

(This Request for Funds **must include two of the authorized signatories** designated on the Signature Certification Form which is on file).

_____	X	
NAME AND TITLE	SIGNATURE	DATE
_____	X	
NAME AND TITLE	SIGNATURE	DATE

Please retain a photocopy for your records and mail original to:

Indian Country Economic Development
Montana Department of Commerce
PO Box 200505
Helena MT
59620-0505