

REQUEST FOR PAYMENT FORM

MONTANA DEPARTMENT OF COMMERCE BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF)

SECTION I: APPLICANT INFORMATION

CONTRACT # MT-BSTF-1- -	DATE	TOTAL AMT REQUESTED
GRANTEE NAME ADDRESS		

SECTION II: FINANCIAL INFORMATION

Budget Line Item	Approved Budget	Current Amount Requested	Drawn	Balance	Match
1. Administrative Expenses					
2. Use of BSTF Funds:					
a) Purchase of Land, Building, or Equipment for Assisted Business					
b) Lease Rate Deduction on Property for Assisted Business					
c) Relocation Costs (to or within Montana) of Assisted Business					
d) Employee Training for Assisted Business					
e) Other (please specify)					
3. TOTAL GRANT BUDGET					

SECTION III: GRANTEE CERTIFICATION

CERTIFICATION OF AUTHORIZED GOVERNMENT REPRESENTATIVE: I certify that the above information and any attachments thereto are complete and accurate to the best of my knowledge and belief and that all fiscal obligations detailed above are solely for the purposes set forth in the awarded project.

X

SIGNATURE	NAME AND TITLE	DATE

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SECTION IV: DEPARTMENT OF COMMERCE CERTIFICATION

Expenditures are reasonable and appropriate ____ Financial numbers & signatures are correct ____ Administration does not exceed allowable amount ____ Request for Payment Form is accompanied by a progress report including: Invoices, Job Creation Report & Certification with details ____	Approved by: Title: Date:
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