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| **Grant Payment Request Form/Invoice** |
| Please provide payment for grant project listed below. |
| **Type of payment:** | **Fixed Cost/Reimbursement** |
| **Date of Request:** |  |
| **Organization Name:** |  |
| **Project Number:** |  |
| **Project Name:** |  |
| **Payment Number:** |  |
| **Deliverable** (as stated in grant agreement)**:** |
| **Deliverable provided:** |
| **Documentation provided:** *
*
*
*
*
 |
| Signature of Project Manager: |
| **Do Not Write Below this Line – For DLIS Use Only** |

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| --- | --- | --- |
| Deliverables and minimum performance levels have been satisfactorily completed by the recipient. | YES | NO |
| **DLIS Approval:** |  |