

Visit Beloit J.E.T./C.I.P. Grant Payment Request Summary

Grantee Name _____

Date Submitted _____

Phone No. _____

Email Address _____

I certify that the following invoices have been reviewed and fall within the grant criteria.

Authorized Grantee Signature _____

Attach invoice(s), receipt, or order form. Allow 14 days for processing. Checks will be mailed to the vendor. If you have any questions, call Visit Beloit at 608.365.4838.

Vendor Name	Invoice Number	Invoice Date	Invoice Amount	Function/Purpose How does the invoice meet criteria of the grant?
Total of Bills Submitted:			\$	

Visit Beloit Use Only

Original Grant Amount Pay all attached invoices in full

Available Funds Pay up to available funds amount

Signature of Visit Beloit Official _____ Comments _____