



**2022 Grant Funding
COMMUNITY Disbursement Request**

Date: _____

Payable to: _____

Payee Address: _____

Amount: _____

Grant Name: _____

Instructions: (choose one of the following)

Pick up check?

Mail check?

Other: _____

Requestor
Signature: _____

Print Name: _____

Title: _____

Please send form to Stacey Burton - Foundation Office

Office Use Only: _____	Date: / / _____
File Name: _____	
Amt Awarded: _____	
Acknowledgement forms turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____



Spartanburg Regional
Foundation

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