

**SABBATICAL PROGRAM
 PAYMENT REQUEST FORM**

Organization _____

Recipient _____

Sabbatical Begin Date _____ End Date _____

Grant Award Amount: \$ _____ Grant # _____

Prior Payments: \$ _____

Balance of Award: \$ _____

Payment Request: \$ _____

Grantee Certification: I certify to the best of my knowledge and belief, the above is correct, and that all expenditures are made in accordance with the grant conditions.

Grantee Authorized Representative Signature _____ Date _____

Typed or printed name and title _____

Rasmuson Foundation Use Only

Vendor# _____ Request ID# _____

Grant Type: Tier: 1 2 Initiative Vendor/Request: Sabbatical I-1990/

Contingent: Yes No

Contingency met: Complete Partial \$ _____

Approved: Yes No

 Program Officer's Signature Date

Copy to A/P