



# Spartanburg Regional Foundation

## 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: \_\_\_\_\_

Supervisor  
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

***\*Please send this form to Stacey Dulin - Foundation Office***

**Office Use Only**

Date: \_\_\_\_\_

File Name: \_\_\_\_\_

Amt Awarded: \_\_\_\_\_

Acknowledgement forms turned in:  Yes  No