# REQUEST FOR PAYMENT FORM
## PLANNING PROJECTS
### MONTANA DEPARTMENT OF COMMERCE
#### BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF)

## SECTION I: APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>CONTRACT #</th>
<th>DATE</th>
<th>TOTAL AMT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT-BSTF-2-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME & FULL ADDRESS OF GRANTEE**

## SECTION II: FINANCIAL INFORMATION

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Approved Budget</th>
<th>Current Amount Requested</th>
<th>Drawn</th>
<th>Balance</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Administrative Expenses (Not to exceed 8% of drawn activity request)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. TOTAL GRANT BUDGET**

## SECTION III: APPLICANT CERTIFICATION

CERTIFICATION OF AUTHORIZED REPRESENTATIVE: I certify that the above information and any attachments thereto are complete and accurate to the best of my knowledge and belief and that all fiscal obligations detailed above are solely for the purposes set forth in the awarded project.

X

**SIGNATURE**

**NAME AND TITLE**

**DATE**

## SECTION IV: DEPARTMENT OF COMMERCE CERTIFICATION

Expenditures are reasonable and appropriate ___  
Approved by:  
Title:

Financial numbers & signatures are correct ___  

Administration does not exceed allowable amount ___  
Date:

Request for Payment Form is accompanied by a progress or final report with corresponding details ___

Approved by:  
Title:

Date: