**Water Conservation and Quality Improvement Grant Program**

**Payment Request Form**

17/09/2014

A. CONTACT INFORMATION

**Name of Organization**: Click here to enter text.

**Address:** Click here to enter text.

**Project Title**: Click here to enter text.

**Project Contact Person:** Click here to enter text.

B. CONFIRMATION OF FUNDING

**I certify that this project has met all the requirements to this point as outlined by the contribution agreement. Any delays or changes in scope have been reported to and approved by the OBWB, and our reports have been submitted by the deadlines as required.** [ ]

C. REQUEST FOR PAYMENT

**Upon receipt of this invoice, please remit a payment for the** Choose an item. **Of our grant, in the amount of: $**Click here to enter text.

D. PAYMENT INFORMATION – Complete only if different than section A.

**Please make cheques payable to: (Name and Address)** Click here to enter text.

E. SIGNATURE

**Enter an electronic signature, or print and sign the document.**



Project Contact Signature

OBWB Office Use Only

Payable To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Code: 1-4-05-066/\_/\_\_\_\_\_\_\_\_\_ Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_