

Maryland Affordable Housing Trust

7800 Harkins Rd. * Lanham, MD 20706 * Phone (301) 429-7856

Request for Payment

Name of Grantee: _____

Address of Grantee: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Project Name: _____

Federal ID No.: _____ MAHT Award Number: _____

Use of Funds					
Breakdown of MAHT Award:	Total MAHT Award	MAHT Funds received to date	*Expenditures since last draw	Amount of this request	Balance after this request
TOTAL					

***Expenditures submitted for reimbursement must be supported by documentation of actual costs incurred or to be incurred, such as copies of invoices for the cost of materials, supplies, utilities, etc. Labor costs for grantee's employees should be supported by time sheets and a time distribution breakdown which shows the amount of time each employee spent on specific grant activities.**

Two signatures required.

We certify that this request for payment is made in accordance with the terms and conditions of our agreement with the Maryland Affordable Housing Trust. (Two signatures are required.)

Authorized Signature

Title

Date

Authorized Signature

Title

Date