

**REQUEST FOR PAYMENT FORM  
PLANNING PROJECTS**

**MONTANA DEPARTMENT OF COMMERCE  
BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF)**

SECTION I: APPLICANT INFORMATION					
CONTRACT # MT-BSTF-2- -		DATE		TOTAL AMT REQUESTED	
NAME & FULL ADDRESS OF GRANTEE					
SECTION II: FINANCIAL INFORMATION					
Budget Line Item	Approved Budget	Current Amount Requested	Drawn	Balance	Match
1. Professional Services					
2. Administrative Expenses (Not to exceed 5% of drawn activity request)					
3. Other (Please Specify)					
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:		
Financial numbers & signatures are correct ____			Title:		
Administration does not exceed allowable amount ____			Date:		
Request for Payment Form is accompanied by a progress or final report with corresponding details ____					