



424 East Kennedy Street | Spartanburg, SC 29302
864.582.0138 | www.spcf.org

Component Fund Grant Expense Request Form

Use to pay invoices or expenses from a Fund - except Donor-Advised Fund

As an advisor to the _____ []

4-digit fund #

I request the following grant expense to be paid:

Organization Name: _____	Grant Expense
Address: _____	Amount: \$ _____

Contact Person: _____	

Supporting Documentation Attached? [] YES [] NO
***REQUIRED* Receipt or invoice and a form W-9 from vendor**

PURPOSE:: _____

SPECIAL INSTRUCTIONS: _____

*Payment requests must be received before 5 p.m. on Tuesday to have a check issued on Friday.

For SCF Staff Use Only

Authorized Signature of Awards Committee Chair

Printed Name of Awards Committee Chair

Date

Telephone Number

Please mail this form to the Foundation at 424 East Kennedy Street, Spartanburg, SC 29302,
or fax to (864) 573.5378, or email to Christy Fernandez at cfernandez@spcf.org.

For questions, please contact the Foundation at (864) 582.0138.

Please retain a copy for your records.