Spartanburg County Foundation
424 East Kennedy Street I Spartanburg, SC 29302
864.582.0138 I www.spcf.org

# Component Fund Grant Expense Request Form

*Use for any fund except Donor-Advised Fund or Supporting Organizations*

As an advisor to the _____ [ ]

*4-digit fund #*

I request the following grant expense to be paid:

*****ALL FIELDS IN THIS SECTION ARE REQUIRED*****

**Organization Name:** _____ **Grant Expense Amount:** $ _____

Address: _____

_____

Email Address: _____

Contact Person: _____

***REQUIRED* Receipt or invoice and a form W-9 from vendor**

**PURPOSE:** _____

**Supporting Documentation Attached? [ ] YES [ ] NO**

**SPECIAL INSTRUCTIONS:** _____

*Payment requests must be received by 5:00 p.m. on Friday to have a check issued on the following 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 Accounting@spcf.org**

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

**Please retain a copy for your records.**