COMMERCE

Request for Payment Form: Indian Country Economic Development Programs

Native American Business Advisors

Request for Funds	
On behalf of the [Enter name of tribe/organization] a request is hereby made for a draw of funds from the Indian Country Economic Development Programs [Enter contract number] in the amount of [Enter amount requested].	
Requested by	
This request for funds must include two of the authorized signatories designated on the signature certification form which is on file.	
Name and Title	**Signature and Date**
Enter authorized signature name here	**X**
Enter title here	Enter date here
Name and Title	**Signature and Date**
Enter authorized signature name here	**X**
Enter title here	Enter date here

Please retain the original for your files and send a copy to doctribal@mt.gov.