

REQUEST FOR FUNDS FORM
COMMUNITY MT DIVISION
MONTANA MAIN STREET PROGRAM
 301 S Park Avenue | PO Box 200523 | Helena, MT 59620-0523
 Phone: 406-841-2770 | Fax: 406-841-2771 | TDD: 406-841-2702 | comdev.mt.gov

Please attach all relevant invoices to the completed Request for Funds Form. Remember that payment requests **must be accompanied by a completed Project Progress Report.**

SECTION I – MAIN STREET RECIPIENT INFORMATION				
MMS CONTRACT NUMBER	REQUEST NUMBER	TOTAL AMOUNT REQUESTED		
NAME AND ADDRESS OF MMS RECIPIENT	MAKE DEPOSIT PAYABLE TO	LAST 4 DIGITS OF ACCOUNT NUMBER		
SECTION II - FINANCIAL INFORMATION				
	A Amount Budgeted	B Amount Expended Prior To This Request	C Amount Requested	D Balance Remaining After This Request
REQUEST AMOUNT				
COMMENTS				
SECTION III - GRANTEE APPROVAL				
SIGNATURE	TITLE	DATE		
SECTION IV - COMMERCE APPROVAL				
EXPENDITURES ARE REASONABLE AND APPROPRIATE _____ FINANCIAL NUMBERS AND SIGNATURES ARE CORRECT _____ CONSISTENT WITH PRECEDING REQUEST(S) AND SABHRS _____ BUDGET AMENDMENT APPROVED _____		APPROVED BY TITLE DATE		