

NEVADA ARTS COUNCIL - Cash Request Form

Grant Type: _____

Grant #: _____

Grantee Name: _____

Address: _____

A. TOTAL AWARD	
B. Grant Funds Received to Date	
C. This Request	
D. Balance Remaining	

Contact Name: _____

Phone: _____

E-mail: _____

The undersigned certifies that the information above is correct.

Individual or Authorizing Official Signature

Date

Individual or Authorizing Official Name (printed)

DO NOT WRITE BELOW THIS LINE - NAC STAFF USE ONLY

Vendor #: _____

Program Code: _____

NAC Staff Signature: _____

Date: _____

OK to Pay: _____

Date: _____