NATIONAL ENDOWMENT FOR THE HUMANITIES

OMB No. 3136-0134
Expires 6/30/2009

PAYMENT REQUEST FORM FOR INDIVIDUALS

Unlike payments for fellowships or stipends, payments for grants to individuals are *not* automatically sent, but must be requested by using this form. You may request an *advance* to cover your cash needs for up to ninety days, unless such a request would exceed $10,000, in which case the advance is limited to your cash needs for thirty days.
You may submit this form whenever grant funds are needed, subject to the advance limits stated above. We recommend submitting payment requests via fax to (202) 606-8343. Mailed requests should be submitted no earlier than fifteen working days prior to the period indicated in item 6B. Payment will be made by electronic direct deposit into your bank account within five working days after we receive your request.

1. Payment Information: **Payee Name:** _____ **Bank Account Number**: _____ **Routing Transit Number:** _____ **Type of Account:** ☐ **Checking** ☐ **Savings**	**2. Grantee Name** (if different from payee at left): _____ **3. NEH Grant ID Number :** _____ **4. NEH Grant Amount :** **$**_____ **5. Grant Period:** **From** _____ **through** _____ **(mo/yr)** **(mo/yr)**

6. **Computation of Payment Request** (Please fill in all dates and amounts as requested).

6A. **Grant funds expended through** _____. (mo/dy/yr) $_____
Total amount of grant funds expended from the beginning of the grant through the date shown above.

6B. **Estimated Grant Expenditures for the Advance Period of** _____ **to** _____ $_____
(mo/dy/yr) (mo/dy/yr)

6C. **Total of Actual and Estimated Expenditures (6A plus 6B)** $_____

6D. **Total Amount of Payments Previously Requested from NEH** $_____
If you have not yet received payment for a request previously submitted,
please attach a note that indicates the amount of the request and when it was submitted.

6E. **Amount of Payment Now Requested (6C minus 6D**) $_____

If you have reason to believe that the expenditures to date, the amount of grant funds on hand, or the advance requested might seem excessive or unusual, a brief explanation should be attached to this request.

7. **Signature**
I certify to the best of my knowledge that this report is true in all respects and that all payments and expenditures have been made in accordance with the purpose and conditions of this grant.

Signature:_____ Date:_____ Phone: _____

Fax this form to the NEH Accounting Office at 202-606-8343, or mail it to Room 310, 1100 Pennsylvania Avenue, N.W. Washington D.C. 20506. Further information can be obtained from that office or by calling (202) 606-8334.

NEH estimates the average time to complete this form is fifteen minutes per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time, to the Director, Office of Publications and Public affairs, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.