

GRANT PAYMENT TRACKING SHEET

SECTION 1 - TO BE COMPLETED BY GRANT CHAIR – SEND TO PROJECT DIRECTOR

Date of Award: _____ Amount of Grant: \$ _____
Project Name: _____
Project Director: _____
School/Municipal Department: _____

SECTION 2 - TO BE COMPLETED BY PROJECT DIRECTOR – SEND TO AEF TREASURER

Date Funds Needed*: _____ Anticipated Expense(s): _____

Pay to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Avon Public Schools
Attn. Finance Dept.
34 Simsbury Rd.
Avon, CT 06001 | <input type="checkbox"/> Town of Avon
Attn. Treasurer
60 Main St.
Avon, CT 06001 | <input type="checkbox"/> Avon Free Public Library
Attn. Director
281 Country Club Rd.
Avon, CT 06001 |
|---|--|--|

“Pay to” Exceptions: Contact AEF at info@avonedfoundation.org

***PLEASE PROVIDE AT LEAST 2 WEEKS ADVANCE NOTICE (4 WEEKS DURING SUMMER)**

Description/Vendor(s) or Attach Budget from Grant Application (to aid your finance department track grant revenues against non-budgeted expenses):

SECTION 3 - TO BE COMPLETED BY AEF TREASURER – SEND COPY & ATTACHMENTS WITH PAYMENT

Date of Check: _____ Check Number: _____

Amount: _____ Date Sent: _____

Delivery Method: Regular Mail Express Mail Hand Delivered

Cleared Date: _____

SECTION 4 - TO BE COMPLETED BY PROJECT DIRECTOR/FINANCE – SEND TO AEF TREASURER

Provide copies of receipts, paid invoices, etc. to AEF for accounting purposes. Mail to:

**Avon Education Foundation
Attn.: Treasurer
P.O. Box 548
Avon, CT 06001-0548**