



*Vietnam Veterans of America, Inc.*  
*Pennsylvania State Council*



## **PASC Grant Payment Request Form**

This form is for a payment request for financial assistance from the Pennsylvania State Council (PASC) in accordance with the PASC Grant Application Policy & Procedures.

REQUESTED BY:

Name: \_\_\_\_\_ Chapter \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

DATE OF PROJECT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TOTAL PROJECT COST (Actual): \$ \_\_\_\_\_ o RECEIPTS ATTACHED

GRANT PAYMENT REQUESTED: \$ \_\_\_\_\_

Brief Description of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL GRANTS REQUESTED

AMOUNT (Requested or Approved):

Pennsylvania Veterans Assistance Fund (PVAF) \$ \_\_\_\_\_

Associates of VVA (AVVA) \$ \_\_\_\_\_

Chapter Officer (signature), Title

Date

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FOR PASC FINANCE COMMITTEE:

PAYMENT MADE AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(revised 03-10-2013)



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## **PASC Grant Payment Request Form**

- Veterans Trust Fund PASC/PVAF \$ \_\_\_\_\_
- Other Organizations \$ \_\_\_\_\_

CHAPTER APPROVAL:

\_\_\_\_\_  
Chapter Officer (signature), Title

\_\_\_\_\_  
Date

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FOR PASC FINANCE COMMITTEE:

PAYMENT MADE                      AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(revised 03-10-2013)