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Verification of Payment to Unpaid Vendors

NCLWF Project #:		Grant Recipient:	
Project Name:			

Amount of payment received from NCLWF:		Total amount still owed to vendor(s):	
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Date Payment Received from NCLWF	Date Payment Made to Vendor(s)	Vendor Name	Amount of Payment
TOTAL			

Once complete, **print this form**. Obtain requisite signature and attach supporting documentation for each payment listed above. Submit all documents through the online EBS Grants Management System using the **Submit Document** function found on the Home Screen. Click [HERE](#) to download a quick reference guidance document.

Signature:		Date:	
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