

Organization:

Project:

Grant begins:

Grant ends:

(Place check here to copy)

Referee Payment Form

Date(s) of Service:

Activity:

Manner*:

Total Due:

The Referee must sign below.

I certify that the above information is correct and that I have received payment of

\$_____ for the services as described above.

Referee Signature

Date

*This could be ___ hours at \$____ per hour, or \$_____ per week or month