DEPARTMENT OF COMMUNITY &
ECONOMIC DEVELOPMENT
2 S. 2nd Street, Room 124
Harrisburg, PA 17101
Tel: (717) 780-6250
Fax: (717) 780-6258

Payment Request

Date: _____ Grant # _____

Grantee: _____ Grant Type:

_____ Gaming

Co-Grantee (if applicable): _____ _____ Tourism

Payment Information:

Amount Requested $ _____

Made Payable To: _____

_____ Pick up check

_____ Mail check to the following:

Remit Address: _____

City, State, Zip: _____

Disclosure of Conflict of Interest:

Item	Yes	No
Financial interest related to the organization to be paid		
Employment or consultancy with organization to be paid		
Personal or family relationship to any individual with organization		
Any other potential conflict of interest		

*** If yes, please provide a separate document that describes each potential Conflict of Interest**

Certification that funds were used appropriatley:

☐ I verify that the funds requested align with the scope of work related to the approved project, as indicated above.

** I verify that this form has been filled out completely and accuratley, and that the information provided is correct to the best of my knowledge.*

Signature: _____ Signature: _____

Grantee Co-Grantee (if applicable)

** Please email payment request form and all supporting documents as 1 PDF attachment to bechevarria@dauphincounty.gov

Updated 08/20/2026