SAMPLE REQUEST TEMPLATE

The Community Health Endowment of Lincoln (CHE) requires a written request for payment. **The request must be submitted on agency letterhead**. Use the template below to prepare a request for funding and return it to CHE as an original document with an original signature. CHE cannot accept payment requests submitted by email or fax.

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**AGENCY LETTERHEAD**

Date

Lori Seibel

President/CEO

Community Health Endowment

250 N 21 Street, Suite 2

Lincoln, NE 68503

RE: Request for Payment of CHE Funds

Dear Ms. Seibel:

I hereby request Community Health Endowment funds in the amount of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for **(Agency Name)** as designated in the grant contract for **(Project Title)**.

Please forward funds to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (where/whom you wish the funds directed)

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

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

Sincerely,

(Signed by person(s) authorized to represent your agency)