



REMITTANCE REQUEST

Friends of the Manitous

PO Box 987, Empire, MI 49630-0987
www.friendsofthemanitous.org

1. Payment Type

- Advance
 Reimbursement
 Final
 Partial

2. Total Amount Requested

3. Recipient Organization

4. Payee (if different than item 3)

USE OF FUNDS

5. Activity, Program or Project (Briefly describe the activity. Itemize expenditures or cost items, if appropriate.)

CERTIFICATION

I certify that the information provided above is correct, that all outlays were or will be made in accordance with the above description and any other controlling agreements, and that previous payments have not been accepted for the same purposes.	6. Signature of Authorized Recipient	7. Date Signed
	8. Typed or Printed Name and Title	9. Telephone Number
		10. Email Address