Remittance Request

Candace girls

P.O. Box 281
Columbia, SC 29202

1. Recipient Organization	2. Payee (if different than item 1)
3. Payment Type ☐ Final ☐ Partial	4. Total Amount Requested

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 and that all funds provided shall be used in accordance with the above description. I also certify and agree that if approved, I shall provide periodic financial accountings of the grant funds that reflect how such funds have been spent and how any such remaining funds are budgeted to be spent. I further acknowledge and agree that Candace Girls may, in its sole discretion, withhold any grant funds approved for distribution but not yet distributed to me and/or revoke approval of any grant, or portion thereof, before such grant, or portion thereof, is distributed to me.

6. Typed or Printed Name and Title	7. Signature of Authorized Recipient	8. Date Signed
9. Telephone Number	10. Email Address	