OneGeorgia Authority

Request for Drawdown of Funds

For instructions to complete, please see Awards Procedures: Chapter 3, Section 5

Recipient Name _____ Award ID # _____

Enter the following information of the person who prepares the Drawdown Request.

Drawdown Request # _____

Name _____ Final Drawdown ◉ Yes ○ No

Email _____

Telephone _____ Fax _____

Drawdown Information

A. Budget Items by Activity Code	B. Budget Dollars by Activity Code	C. Total Drawdowns Received to Date By Line Item $	D. Total Drawdowns Requested, But Not Yet Received By Line Item $	E. Total Amount Spent & Reimbursed to Date By Line Item $	F. Drawdown Balance on Hand B - (C + D)	G. Amount of Current Drawdown Requested
Total:						

NOTE: Proof each budget line item for accuracy. Proof columns for accuracy and attach cost documentation to support request.

I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant.

Date Typed Name Signature of Certifying Representative Title

Date Typed Name Authorized Signature Title

For OneGeorgia Authority use only

Date Received

Amount Approved

Date of Funds Transfer

Explanation of Differences *(if applicable)*

Reviewed By Date Approved By Date

Call Finance Officer at 478-274-7735 with any questions.

Please mail form to: OneGeorgia Authority, 1202-B Hillcrest Parkway, Dublin, GA 31021