

**REQUEST FOR PAYMENT**

TO: Alabama Dept. of Economic & Community Affairs  
 Attn: State Grants  
 P.O. Box 5690  
 Montgomery, AL 36103

FROM: City of Madison Alabama  
 (Entity Name)  
100 Hughes Road  
 (Street or PO Box)  
Madison, AL 35758  
 (City, State, Zip)



DATE: 10/18/2023

GRANT #: AL-LI-24-008

REQUEST #: 1

AMOUNT REQUESTED: \$500,000 *MK*

I Certify that this Request for Payment has been drawn in accordance with the terms and conditions of the referenced grant/contract/agreement cited above and that the amount requested will be used for the purpose(s) specified in said grant/contract/agreement.

*Paul Finley*

10-18-23

AUTHORIZED SIGNATURE (as specified in grant/contract/agreement)

DATE

FOR ADECA USE ONLY

	Original	Concur	Concur	Concur	Concur
Initial	<i>DF</i>	<i>emt</i>	<i>AW</i>	<i>KR</i>	
Date	<i>19 Oct 23</i>	<i>10.19.23</i>	<i>10/19/23</i>	<i>10/14/23</i>	
Voucher #:	<i>GR405040014</i>				
Date:	<i>10/24/23</i>				
By:	<i>MK</i>				