



Work Completion Certification

(Grant No.)

(Date)

The Alleghany Foundation
P.O. Box 1176
Covington, VA 24426

On behalf of _____, we are requesting a payment from
(Name of Organization)

our grant in the amount of \$_____, for _____
(Name of project or program)

and are enclosing invoices for these expenses. We certify that the services and/or materials

shown on the enclosed invoices have been satisfactorily completed.

Sincerely,

(Authorized signature)

(Print name and title)

(Address)

(NOTE: The completed Work Completion Certification must be received at The Alleghany Foundation by close of business on the 20th of each month with supporting documentation to ensure payment by month end.)

Effective February 22, 2016