



CSP CHECK FEE PAYMENT FORM

Please complete and enclose your fee payment.

Amount of Payment: \$250

This fee is non-refundable.

Applicant Name:

Address:

Email:

Phone:

Check Number:

Check Payable to: **Kansas Department of Commerce**

Check Memo: **CSP Application Fee**

Please mail check to:

Kansas Department of Commerce

CSP Tax Credit Program

Attn: Kerri Falletti

915 SW Harrison St, Suite 250

Topeka, KS 66612-1354