

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>	1. TYPE OF PAYMENT REQUESTED a. "x" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "x" the appropriate box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
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3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED	4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
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6. EMPLOYER IDENTIFICATION NUMBER:	7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST	
		From (month, day, year)	To (Month, day, year)
		Advance Only (month, day, year)	

9. RECIPIENT ORGANIZATION Name: Number and Street: City, State and ZIP Code:	10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State and ZIP Code:
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11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays <i>(Line a minus Line b)</i>				
d. Estimated net cash outlays for advance period				
e. Total <i>(Sum of lines c & d)</i>				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payment previously requested				
i. Federal share now requested <i>(line g minus line h)</i>				
j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use