

**REQUEST FOR ADVANCE
OR REIMBURSEMENT**

Approved by Office Management

Budget, No. 80-R0183

Page of

1. TYPE OF PAYMENT:

a. "x" one, or both boxes ADVANCE REIMBURSEMENT

b. "X" the applicable box FINAL PARTIAL

2. BASIS OF REQUEST: CASH ACCRUAL

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED.

6. EMPLOYER IDENTIFICATION NUMBER

5. PARTIAL PAYMENT REQUEST/NUMBER FOR THIS REQUEST

8. PERIOD COVERED BY THIS REQUEST

FROM TO

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

9. RECIPIENT ORGANIZATION

Name:

10. PAYEE (Where check is to be sent is different than item 9)

Name:

No. and Street:

No. and Street:

City, State
And ZIP Code:

City, State
and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES =>	(a)	(b)	©	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)				
d. Estimated net cash outlays for advance Period				
e. Total (sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by Month, when requested				
By Federal grantor agency 1 st month				
For use in making 2 nd month				
Prescheduled advances 3 rd 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, No. EXT)

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