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PMS 270

REQUEST FOR ADVANCE OR REIMBURSEMENT
 1. TYPE OF REQUESTED
 PAYMENT ADVANCE REIMBURSEMENT

2. FEDERAL SPONSORING AGENCY:
 DIVISION OF PAYMENT MANAGEMENT
 DHHS/PHS/OASH/OM/ORM
 P.O. BOX 6021
 ROCKVILLE, MD. 20852

3. BASIS OF REQUEST
 CASH ACCRUAL

4. EIN
 5. PAYEE ID NO.
 6. ACCT. NO.

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7. RECIPIENT ORGANIZATION:
 8. PERIOD COVERED BY THIS REQUEST
 FROM _____ TO _____
 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

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9. COMPUTATION FOR ADVANCES ONLY

A. EST. FED. CASH OUTLAYS TO BE MADE DURING PERIOD _____ THRU _____ \$ _____

B. LESS: ESTIMATED BALANCE OF FEDERAL CASH ON HAND AS OF _____ \$ _____

C. AMOUNT REQUESTED (LINE A MINUS B) FOR _____ \$ _____

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10. 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 CERTIFYING OFFICIAL _____ DATE REQUEST SUBMITTED _____

TYPED OR PRINTED NAME AND TITLE _____

TELEPHONE _____ AREA CODE _____ NUMBER _____ EXTENSION _____

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PAPERWORK REDUCTION ACT STATEMENT

A FEDERAL AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER. PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO VARY FROM TEN TO TWENTY MINUTES WITH AN AVERAGE OF 15 MINUTES PER RESPONSE, INCLUDING TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE NECESSARY DATA, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION TO THE PROGRAM SUPPORT CENTER REPORTS CLEARANCE OFFICER, PROGRAM SUPPORT CENTER, ROOM 17-A08, PARKLAWN BUILDING, 5600 FISHERS LANE, ROCKVILLE, MD. 20857

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