

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS <i>(See instructions on back)</i>		OMB CONTROL #: 4040-0011		PAGE 1 OF 1 PAGES					
3 FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		1 TYPE OF REQUEST <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2 BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL					
6 EMPLOYER IDENTIFICATION NUMBER		7 RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		5 PARTIAL PAYMENT REQUEST NO					
9 RECIPIENT ORGANIZATION Name: No. and Street: City, State and ZIP Code:		10 PAYEE (Where check is to be sent if different than item 9) Name: No. and Street: City, State and ZIP Code:		PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) TO (Month, day, year)					
11. STATUS OF FUNDS									
CLASSIFICATION	PROGRAMS -- FUNCTIONS -- ACTIVITIES			TOTAL					
	(a)	(b)	(c)						
a. Administrative expense	\$	\$	\$	\$ 0.00					
b. Preliminary expense				0.00					
c. Land, structures, right-of-way				0.00					
d. Architectural engineering basic fees				0.00					
e. Other architectural engineering fee				0.00					
f. Project inspection fees				0.00					
g. Land development				0.00					
h. Relocation expense				0.00					
i. Relocation payments to individuals and businesses				0.00					
j. Demolition and removal				0.00					
k. Construction and project improvement cost				0.00					
l. Equipment				0.00					
m. Miscellaneous cost				0.00					
n. Total cumulative to date (sum of lines a thru m)	0.00	0.00	0.00	0.00					
o. Deductions for program income				0.00					
p. Net cumulative to date (line n minus line o)	0.00	0.00	0.00	0.00					
q. Federal share to date				0.00					
r. Rehabilitation grants (100% reimbursement)				0.00					
s. Total Federal share (sum of lines q and r)	0.00	0.00	0.00	0.00					
t. Federal payments previously requested				0.00					
u. Amount requested for reimbursement	\$	\$	\$	\$ 0.00					
v. Percentage of physical completion of project	%	%	%	%					
12 CERTIFICATION I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.		a RECIPIENT		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED			
				TYPED OR PRINTED NAME AND TITLE		TELEPHONE (Area code, number, and extension)			
				b REPRESENTATIVE CERTIFYING TO LINE 11V		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE SIGNED	
						TYPED OR PRINTED NAME AND TITLE		TELEPHONE (Area code, number, and extension)	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0011. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OClO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer