

**AMS Grant Programs Worksheet to Accompany the SF-270 Request for Advance/Reimbursement**

|                                |  |                           |                          |   |   |                           |
|--------------------------------|--|---------------------------|--------------------------|---|---|---------------------------|
| <b>Grant Agreement Number:</b> | #14-LFPPX- OR #14-FMPPX-<br>OR<br>#15-LFPPX- OR #15-LFPPX- |                           |                          |   |   |                           |
| <b>Recipient Organization:</b> |  |                           |                          |   |   |                           |
| <b>Recipient Contact:</b>      |  |                           |                          |   |   |                           |
| <b>Time Period of Request:</b> | MM/DD/YYYY - MM/DD/YYYY                                    |                           |                          |   |   |                           |
| <b>No.</b>                     | <b>Date of Expense</b>                                     | <b>Payee</b>              | <b>Amount</b>            | <b>Budget/Section</b>                             | <b>Notes</b>  | <b>Receipt Available?</b> |
|                                | <i>Insert date of expense<br/>MM/DD/YYYY</i>               | <i>List name of payee</i> | <i>Amount of Expense</i> | <i>Select budget category from drop down menu</i> | <i>Add any notes to explain expenses as appropriate</i> | <i>Select Yes or No</i>   |
| 1                              |  |                           |                          | Personnel   | program work  | No                        |
| 2                              |  |                           |                          | Fringe  |   |                           |
| 3                              |  |                           |                          | Personnel   |   |                           |
| 4                              |  |                           |                          | Contractual                                       |   |                           |
| 5                              |  |                           |                          | Travel  |   |                           |
| 6                              |  |                           |                          | Equipment   |   |                           |
| 7                              |  |                           |                          | Supplies  |   |                           |
| 8                              |  |                           |                          | Indirect Costs                                    |   |                           |
| 9                              |  |                           |                          | Misc or Other                                     |   |                           |
| 10                             |  |                           |                          | Misc or Other                                     |   |                           |
| 11                             |  |                           |                          | Misc or Other                                     |   |                           |
| 12                             |  |                           |                          |   |   |                           |
| 13                             |  |                           |                          |   |   |                           |
| 14                             |  |                           |                          |   |   |                           |
| 15                             |  |                           |                          |   |   |                           |
| <b>Totals</b>                  |  |                           |                          |   |   |                           |
|                                | <b>Budget Category</b>                                     | <b>Total</b>              |                          |   |   |                           |
|                                | Personnel  | \$ -                      |                          |   |   |                           |
|                                | Contractual  | \$ -                      |                          |   |   |                           |

|                |    |   |  |  |  |
|----------------|----|---|--|--|--|
| Fringe         | \$ | - |  |  |  |
| Travel         | \$ | - |  |  |  |
| Equipment      | \$ | - |  |  |  |
| Supplies       | \$ | - |  |  |  |
| Misc           | \$ | - |  |  |  |
| Indirect Costs | \$ | - |  |  |  |
| ALL EXPENSES   | \$ | - |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
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|  | <p>2) fax: (202) 690-7442; or</p>  |  |  |  |  |
|  | <p>3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p>   |  |  |  |  |
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Personnel Yes  
Contractual No  
Fringe  
Travel  
Equipment  
Supplies  
Misc or Other  
Indirect Costs