

Grantee Area

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Request for Advance or Reimbursement Form (LM-6)

1.a)	Request Type:	*	<input checked="" type="checkbox"/> Advance	<input checked="" type="checkbox"/> Reimbursement
1.b)			<input type="checkbox"/> Final	<input type="checkbox"/> Partial
7)	Period Covered:	*	11/1/2009	11/30/2009
9.a)	As of Date:	*	12/29/2009	
9.a)	Total Outlays to Date:	*	15000	
9.b)	Cumulative Income:	*	0	
9.c)	Net Outlays:		15000	
9.d)	Est. Net Cash Outlays for This Period:	*	0	
9.e)	Total:		15000	
9.f)	Non-Federal Share:	*	1500	Match %: 10
9.g)	Federal Share:		13500	
9.h)	Previous Federal Payments Requested:		0	Available: 0
9.i)	Federal Share Now Requested:		13500	Total: 13500
Comments / Notes:				
Save and Preview Form		Clear Data		

* Required Fields

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