OMB Number: 4040-0012 Expiration Date: 01/31/2025

REQUEST FOR ADVANCE OR REIMBURSEMENT		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes ADVANCE REIMBURSEMENT b. "X" the applicable box FINAL		2. BASIS OF REQUEST CASH ACCRUAL
			PARTIAL		
3. FEDERAL SPONSORING AGENCY AND OI ELEMENT TO WHICH THIS REPORT IS SUB		IONAL		EDERAL AGENCY	ENTIFYING NUMBER
. PARTIAL PAYMENT REQUEST IUMBER FOR THIS REQUEST 6. EMPLOYER IDENTIFICATION NUMBER		7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER			
8. PERIOD COVERED BY THIS REQU	EST				
From: To:					
9. RECIPIENT ORGANIZATION Name: Street1: Street2: City: County: State: Province: Country: ZIP / Postal Code:					
Zii / i ootal oodo.					
10. PAYEE (Where check is to be sent if differ	rent than ite	em 9)			
Name:					
Street1:					
Street2:					
City:					
County:					
State:					
Province:					
Country:					
ZIP / Postal Code:					

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED							
PROGRAMS/FUNCTION ACTIVITIES	NS/	(a)	(b)	(C)	TOTAL		
					TOTAL		
a. Total program (As o	of date)						
outlays to date		\$	\$	\$	\$		
b. Less: Cumulative pro income	ogram						
c. Net program outlays (Line a minus line b)							
d. Estimated net cash o advance period	utlays for						
e. Total (Sum of lines of	: & d)						
f. Non-Federal share of on line e	amount						
g. Federal share of amo	ount on						
h. Federal payments pre requested	eviously						
i. Federal share now re (Line g minus line h)	quested						
j. Advances required by month, when	1st month						
requested by Federal grantor agency for use in making	2nd month						
prescheduled advances	3rd month						
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY							
a. Estimated Federal ca	ish outlays t	hat will be made during period	covered by the advance		\$		
b. Less: Estimated bala	ance of Fede	eral cash on hand as of beginn	ing 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 on the reverse 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 OR AUTHORIZED CERTIFYING OFFICIAL]	DATE REQUEST SUBMITTED		
TYPED OR PRINTED I	NAME AND	TITLE		I			
Prefix:		First Name: Middle Name:					
Last Name:			Suffix:				
Title:							
TELEPHONE (AREA CODE, NUMBER, EXTENSION)							
This space for agency u	ıse						

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
- Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use

- as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of inkind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.