REQUEST FOR ADVANCE			Budget No. 80-R0183 Page of pages						
OR REIMBURSEMENT			1.	1. a. "X" one, or both boxes			2. BASIS OF REQU	EST	
		TYPE OF PAYMENT	REIMBURSE-						
				b. "X" the appropriate box		CASH			
(See instru		REQUESTED	☐ FINAL	-	PARTIAL	□ A	CCRUAL		
3. FEDERAL SPONSORING AGENCY	TIONAL ELEMENT					L PAYMENT REQUEST			
TO WHICH THIS REPORT IS SUBM					NUMBER FC	OR THIS REQUEST	I		
6. EMPLOYER IDENTIFICATION 7. RECIPIENT'S ACCOUNT NUMBER			8. PERIOD COVERED BY THI				REQUEST		
NUMBER OR IDENTIFYIN		IG NUMBER	FROM (month, day, year) TO (month				day, year)		
9. RECIPIENT ORGANIZATION		10. PAYEE (Where check is to be sent if different from Item 9.)							
Name:			Name:						
Number			Number						
and Street:			and Street:						
City, State and ZIP Code: City, State and ZIP Code:									
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED						D			
PROGRAMS/FUNCTIONS/ACTIVITIES → (a)			(b) (c)				TOTAL		
T ROUKAWIS/T UNCTIONS/AC							1017	12	
	(as of date)		.		.		*		
a. Total program outlays to date		\$	\$		\$		\$		
b. Less: Cumulative program income									
c. Net program outlays (Line a minus									
d. Estimated net cash outlays for advance period									
e. Total (Sum of lines a & d)									
f. Non-federal share of amount on line e									
g. Federal share of amount on line e									
h. Federal payments previously reque									
i. Federal share now requested									
j. Advances required by month,	1st month								
when requested by Federal grantor agency for use in making	2nd month								
prescheduled advances.	ZHG HIOHHI								
10	3rd month								
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY									
a. Estimated Federal cash outlays that will be made during period covered by the advance						\$			
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period									
c. Amount requested (Line a minus b)							\$		
13. CERTIFICATION						In the province	0110141777		
I certify that to the best of my kno and belief the data above are corre	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL					DATE REQUEST	SUBMITTED		
that all outlays were made in acco									
with the grant conditions or other	TYPED OR PRINTED NAME AND TITLE				TELEPHONE (AR				
ment and that payment is due and has not been previously requested.							NUMBER, EXTENSION)		
, 3							<u> </u>		
If funds are I certify that to the best of my knowledge this advance is necessary to meet planned activities									
advanced: under this Agreement. I have examined and certify that this request is correct for payment.									
If funds are	the best of my knowledge t	eledge this reimbursement of funds is necessary to meet planned							
reimbursed:	activites under	er this Agreement. I have examined and certify that this request is correct for payment.							
	ADODR	ADODR			DATE				
270-102		7.5557						DARD FORM 270	

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 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 request 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 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 item 11 or 12, but not both. Item 12 should be used only when 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 in-kind 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.