OMB NO 0937 -0200
EXCEPTION TO SF 270 APPROVED BY GSA/OIRM 5/85
PSC 270 EXPIRATION DATES 02/28/2003

REQUEST FOR ADVANCE OR REIMBURSEMENT

1. TYPE OF PAYMENT REQUESTED ___ ADVANCE ___ REIMBURSEMENT

2. FEDERAL SPONSORING AGENCY

DIVISION OF PAYMENT MANAGEMENT
DHHS/PHS/OASH/OM/ORM
P.O. BOX 6021
ROCKVILLE, MD. 20852

3. BASIS OF REQUEST
___ CASH
___ ACCRUAL

4. EIN

5. PAYEE ID NO.

6. ACCT. NO.

7. RECIPIENT ORGANIZATION

8. PERIOD COVERED BY THIS REQUEST
FROM_____ TO_____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

9. COMPUTATION FOR ADVANCES ONLY

A. EST. FED. CASH OUTLAYS TO BE MADE DURING PERIOD_____ ____THRU_____ $_____
B. LESS ESTIMATED BALANCE OF FEDERAL CASH ON HAND AS OF _____ $_____
C. AMOUNT REQUESTED (LINE A MINUS B) FOR _____ $_____

10. CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DATA ABOVE 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 OF CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE AREA CODE NUMBER EXTENSION

PAPERWORK REDUCTION ACT STATEMENT

A FEDERAL AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER, PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO VARY FROM TEN TO TWENTY MINUTES WITH AN AVERAGE OF 15 MINUTES PER RESPONSE, INCLUDING TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE NECESSARY DATA, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION TO THE PROGRAM SUPPORT CENTER REPORTS CLEARANCE OFFICER, PROGRAM SUPPORT CENTER, ROOM 17-A08, PARKLAWN BUILDING, 5600 FISHERS LANE, ROCKVILLE, MD 20857

STANDARD FORM 270

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