# REQUEST FOR ADVANCE OR REIMBURSEMENT

**National Science Foundation-DFM**  
**Phone:** 703-292-4458

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1. **Type of Payment:**
   - [ ] Advance
   - [ ] Reimbursement
2. **Basis of Request:**
   - [ ] Cash
   - [ ] Accrual

3. **Federal Grant or Other Identifying Number:**
   - [ ]...

4. **Partial Payment Request Number:**
   - [ ]...

5. **Recipient’s Account Number:**
   - [ ]...

6. **PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year):**
   - [ ]...

7. **Recipient Organization Name:**
   - [ ]...

8. **SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL DATE REQUEST SUBMITTED:**
   - [ ]...

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## PROGRAMS/FUNCTIONS/ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total program outlays to date (As of Date)</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>b. Less: Cumulative program income</td>
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<tr>
<td>c. Estimated program outlays (Line a minus line b)</td>
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<tr>
<td>d. Estimated net cash outlays for advance period</td>
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<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
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<tr>
<td>f. Non-Federal share of amount on line e</td>
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<tr>
<td>g. Federal share of amount on line e</td>
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<tr>
<td>h. Federal payments previously requested</td>
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<tr>
<td>i. Federal share now requested (Line g minus line h)</td>
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</table>

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13. **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:**

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**TELEPHONE (AREA CODE, NUMBER, EXTENSION):**

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Award & Administration Guide III-7 NSF 07-140