

Exhibit III-1

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, No. 80-R0183		Page _____ of _____
Federal sponsoring Agency to which this Report is submitted. National Science Foundation-DFM Phone: 703-292-4458		1. Type of Payment a. "X" one, or both boxes <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement b. "X" the applicable box <input type="checkbox"/> Final <input type="checkbox"/> Partial		2. Basis of Request <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
		4. Federal Grant or Other Identifying Number		5. Partial Payment Request Number For This Request
		8. PERIOD COVERED BY THIS REQUEST		
6. Employer Identification Number		7. Recipient's Account Number or Identifying Number		FROM (month, day, year) TO (month, day, year)
9. Recipient Organization Name: Number and Street: City, State and Zip Code:			10. Payee	
11				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program Outlays to date (As of Date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
12				
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 line b)				\$
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		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED
		TYPED OR PRINTED NAME AND TITLE		TELEPHONE (AREA CODE, NUMBER, EXTENSION)