

REQUEST FOR ADVANCE OR REIMBURSEMENT	OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input checked="" 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

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Appalachian Regional Commission	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 23.001	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
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6. EMPLOYER IDENTIFICATION NUMBER Insert EIN	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER Leave Blank	8. PERIOD COVERED BY THIS REQUEST	
		FROM month, day, year Start of the Report Period	TO month, day, year End of Report Period

9. RECIPIENT ORGANIZATION Name: Number and Street: City, State and ZIP Code:	10. PAYEE (Where check is to be sent if different than 9) Name: Number and Street: City, State and ZIP Code:
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11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	a) Only Use This Column	b) Leave Blank	c) Leave Blank	TOTAL - Colm 11 a.
a. Total program outlays to date <small>As of date</small>	Column K			\$ 0.00
b. Less: Cumulative program income	Leave Blank			0.00
c. Net program outlays (Line a minus line b)	Same as 11 a			0.00
d. Estimated net cash outlays for advance period	Column L			0.00
e. Total (Sum of lines c & d)	Columns K + L			0.00
f. Non-Federal share of amount on line e	Columns H + I			0.00
g. Federal share of amount on line e	Columns E + F			0.00
h. Federal payments previously requested	Column E			0.00
i. Federal share now requested (Line g minus line h)	Column F			0.00
j. Advances required by Federal grantor agency for us in making prescheduled advances	1st month	Leave Blank		0.00
	2nd month	Leave Blank		0.00
	3rd month	Leave Blank		0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	Leave Blank
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	0.00

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

Authorized Rep Must Sign

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Print AR's Name and Title

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

AR's Phone

This space for agency use