REQUEST FOR ADVANCE OR REIMBURSEMENT			Office of Managen	Page of	
		Budget, No. 8	30-R0183		
Federal sponsoring Agency to which this Report is submitted.		1. Type of	1. Type of  a. "X" one, or both boxes Reimbursement  b. "X" the applicable box		2. Basis of Request  Cash
National Science Foundation-DFM		Payment	Final	Partial	Accrual
Phone: 703-292-4458		4. Federal Grant of Number	or Other Identifying	5. Partial Payment Request	uest Number
Employer Identification 7. Recipient's Account Number			8. PERIOD COVERED BY THIS REQUEST		
Number or Identifying Number		FROM (month, da		REQUEST	
Recipient Organization     Name:			10. Payee		
Number and Street:					
City, State and Zip Code:					
11	(a)	(b)	(c)		
PROGRAMS/FUNCTIONS/ACTIVITIES					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					
h. Federal payments previously requested					
i. Federal share now requested (Line g minus line h)					
12			1	1	<u> </u>
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	,				17
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance		SIGNATURE OF A	AUTHORIZED CERT	DATE REQUEST SUBMITTED	
		TYPED OR PRINTED NAME AND TITLE			TELEPHONE (AREA CODE, NUMBER, EXTENSION)

270-102

STANDARD FORM 270 (7-76)

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