

Customer No.

Invoice No.

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, No 80-R0183		Page 1 of 1 Pages	
		1. TYPE OF PAYMENT REQUESTED	a. ADVANCE REIMBURSEMENT b. FINAL PARTIAL	2. BASIS OF REQUEST X CASH ACCUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED. Sponsor Name		4. FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER Sponsor Award #	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST		
6. EMPLOYER IDENTI- FICATION NUMBER 04-2103594	7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER WBS #	8. PERIOD COVERED BY THIS REQUEST			
		FROM (Month, day, year) xx/xx/2016	TO (Month, day, year) xx/xx/2016		
9. RECIPIENT ORGANIZATION MASSACHUSETTS INSTITUTES OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, NE49-3077 CAMBRIDGE, MASSACHUSETTS 02139		10. PAYEE (Where check is to be sent if different from item 9)			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES -->				TOTAL	
As of					
a. Total program outlays to date xx/xx/2016				\$0.00	
b. Less: Cumulative program income				\$0.00	
c. Net program outlays (Line a minus line b)				\$0.00	
d. Est. net cash outlays for advance period xx/2016				\$0.00	
e. Total (Sum of lines c & d)				\$0.00	
f. Non-Federal share of amount on line e				\$0.00	
g. Federal share of amount on line e				\$0.00	
h. Federal payments previously requested				\$0.00	
i. Federal share now requested (line g minus line h)				\$0.00	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month		---	
		2nd month		---	
		3rd month		---	
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
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. CERTIFICATION					
I certify 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 Dale Twomey Assistant Manager, Sponsored Accounting		TELEPHONE (Area Code, Num, Ext) (617) 253-2496 Billing-Issues@mit.edu	
THIS SPACE FOR AGENCY USE					
270-102					
STANDARD FORM 270 (7-76)					