**REQUEST FOR ADVANCE OR REIMBURSEMENT**

1. **TYPE OF PAYMENT REQUESTED**
   - a. ADVANCE
   - b. REIMBURSEMENT
   - CASH
   - ACCRUAL

2. **BASIS OF REQUEST**
   - FINAL
   - PARTIAL

3. **FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED.**
   - Sponsor Name
   - Sponsor Award #

4. **FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER**
   - WBS #
   - xx/xx/2016
   - xx/xx/2016

5. **PARTIAL PAYMENT REQUEST**
   - NUMBER FOR THIS REQUEST

6. **EMPLOYER IDENTIFICATION NUMBER**
7. **RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER**

8. **PERIOD COVERED BY THIS REQUEST**
   - FROM (Month, day, year)
   - TO (Month, day, year)

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**

<table>
<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>As of xx/xx/2016</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total program outlays to date xx/xx/2016</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>b. Less: Cumulative program income</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>c. Net program outlays (Line a minus line b)</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>d. Est. net cash outlays for advance period xx/2016</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>f. Non-Federal share of amount on line e</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>g. Federal share of amount on line e</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>h. Federal payments previously requested</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>i. Federal share now requested (line g minus line h)</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>j. Advances required by month, when requested</td>
<td>1st month</td>
<td>___</td>
</tr>
<tr>
<td>by Federal grantor agency for use in making prescheduled advances</td>
<td>2nd month</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>3rd month</td>
<td>___</td>
</tr>
</tbody>
</table>

12. **ALTERNATE COMPUTATION FOR ADVANCES ONLY**

| a. Estimated Federal cash outlays that will be made during period covered by the advance | $0.00 |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | $0.00 |
| c. Amount requested (line a minus line b) | $0.00 |

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)