

1a. Marque se o pagamento se refere a um adiantamento ou a um reembolso.

OMB Number: 4040-0012
Expiration Date: 02/28/2022

REQUEST FOR ADVANCE OR REIMBURSEMENT	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST 2. Marque cash <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
		b. "X" the applicable box <input type="checkbox"/> FINAL 1b. Indique se a parcela de pagamento requerida é final ou parcial. <input type="checkbox"/> PARTIAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED 3. Insira o nome e o endereço da Missão, Embaixada ou Consulado que financia o projeto.		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <input type="text"/> 4. Insira o número do grant, que se encontra no DS-1909/DS-1909I.	

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 5. Indique qual parcela de pagamento está sendo requerida. Ex.: 1st Payment, 2nd Payment, Final Payment.	6. EMPLOYER IDENTIFICATION NUMBER 6. Para instituições e indivíduos estrangeiros (não norte-americanos), insira N/A.	7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER 7. Inserir o número que a instituição designou para o projeto, caso o tenha. Se não houver, o item pode ser deixado em branco.
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8. **PERIOD COVERED BY THIS REQUEST**
From: To: **8. Insira a data inicial e final cobertas por esta solicitação de pagamento.**

9. **RECIPIENT ORGANIZATION** **9. Insira os dados da instituição ou do indivíduo beneficiário desta solicitação de pagamento.**

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

10. **PAYEE** (Where check is to be sent if different than item 9) **10. Este item somente deve ser preenchido se o beneficiário for receber o pagamento em cheque e em um endereço distinto do inserido no item anterior (9). Caso contrário, o item 10 deve ser deixado em branco.**

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

Para adiantamentos, a instituição ou indivíduo pode utilizar os campos 11 ou 12, mas não ambos.
 Para reembolsos, a instituição ou indivíduo deve utilizar o campo 11.

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small> <small>Inserir a data de preenchimento deste formulário.</small>				\$
b. Less: Cumulative program income				
c. Net program outlays <small>(Line a minus line b)</small>				
d. Estimated net cash outlays for advance period				
e. Total <small>(Sum of lines c & d)</small>				
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 <small>(Line g minus line h)</small>				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

11a. Inserir o valor, em dólares, gasto pelo beneficiário até a data de preenchimento do formulário. Se for um pagamento inicial, o valor é 0.

11b. Inserir o valor, em dólares, de eventual renda adquirida no programa.

11c. Item preenchido automaticamente e que reflete a diferença entre as linhas A e B.

11d. Inserir o valor, em dólares, que o beneficiário solicita a critério de adiantamento.

11e. Item preenchido automaticamente e que reflete a soma das linhas C e D.

11f. Caso haja, inserir o valor, em dólares, da partilha de custos do beneficiário.

11g. Inserir o valor, em dólares, correspondente ao montante da linha E que fora providenciado pelo Governo Americano

11h. Inserir o valor, em dólares, da quantia já paga ao beneficiário.

11i. Item preenchido automaticamente referente a quantia que a instituição ou indivíduo requer no momento ou valor que deve ser pago nesta solicitação atual e que representa a diferença entre as linhas G e H.

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	12a. Inserir o valor, em dólares, do quanto se espera gastar durante o período coberto por esta solicitação.
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	12b. Inserir o valor, em dólares, referente ao que ainda não foi gasto e que resta de pagamentos anteriores.
c. Amount requested <small>(Line a minus line b)</small>	12c. Item preenchido automaticamente referente a quantia que a instituição ou indivíduo está solicitando e que reflete a diferença entre as linhas A e B.

13. 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	DATE REQUEST SUBMITTED
13. Dados e respectiva assinatura do responsável legal da instituição ou indivíduo.	

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Espaço destinado a anotações e assinatura do Grants Officer.

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.		
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.		
Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use		as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
		11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
		11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
		11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
		13	Complete the certification before submitting this request.