

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS (See instructions on back)		OMB APPROVAL NO. 0348-0002		Page _____	Of _____ Pages
		1. TYPE OF REQUEST <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:		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY:		5. PARTIAL PAYMENT REQUEST NO.	
6. EMPLOYER IDENTIFICATION NUMBER:	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER:	PERIOD COVERED BY THIS REQUEST			
		FROM (Month, day, year) _____ TO (Month, day, year) _____			
9. RECIPIENT ORGANIZATION Name: No. and Street: City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9) Name: No. and Street: City, State and ZIP Code:			
11. STATUS OF FUNDS					
CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES		TOTAL
	(a)	(b)	(c)		
a. Administrative expense	\$	\$	\$		\$
b. Preliminary expense					
c. Land, structures, right-of-way					
d. Architectural engineering basic fees					
e. Other architectural engineering fee					
f. Project inspection fees					
g. Land development					
h. Relocation expense					
i. Relocation payments to individuals and businesses					
j. Demolition and removal					
k. Construction and project improvement cost					
l. Equipment					
m. Miscellaneous cost					
n. Total cumulative to date (sum of lines a thru m)					
o. Deductions for program income					
p. Net cumulative to date (line n minus line o)					
q. Federal share to date					
r. Rehabilitation grants (100% reimbursement)					
s. Total Federal share (sum of lines q and r)					
t. Federal payments previously requested					
u. Amount requested for reimbursement	\$	\$	\$		\$
v. Percentage of physical completion of project	%	%	%		%
12. CERTIFICATION I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.	a. RECIPIENT	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED:	
		TYPED OR PRINTED NAME AND TITLE:		TELEPHONE (Area code, number):	
	b. REPRESENTATIVE CERTIFYING TO LINE 11v	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED	
		TYPED OR PRINTED NAME AND TITLE:		TELEPHONE (Area code, number):	