

**MASSACHUSETTS SERVICE ALLIANCE
REQUEST FOR CASH REIMBURSEMENT/ADVANCE**

ORGANIZATION NAME:	CONTACT:
ORGANIZATION ADDRESS:	CONTACT TELEPHONE #:
FEDERAL EIN:	DATE PREPARED:
REIMBURSEMENT PERIOD:	GRANT #

A. TOTAL CNCS YEAR TO DATE EXPENDITURES	_____	(From cell E46 budget summary worksheet in PER)
B. TOTAL CNCS FEDERAL PAYMENTS RECEIVED	_____	(All payments received to date)
C. TOTAL AMOUNT REQUESTED	_____ -	(Line A minus Line B)
D. COMMISSION FIXED AMOUNT	_____	(From cell E37 in budget summary worksheet in PER)
E. TOTAL AMOUNT TO BE REIMBURSED	===== -	(Line C minus Line D)
<i>If applicable:</i>		
F. REQUESTED ADVANCE AMOUNT	_____	(Prior MSA approval required)
G. TOTAL REIMBURSEMENT AND ADVANCE AMOUNT	===== -	(Line E plus Line F)

Please attach a copy of the budget summary worksheet and the current period expenses worksheet to this form.

All AmeriCorps Member timelogs are up to date. An updated member hours tally has been submitted to my program officer. _____
Initials

I certify that the information contained in this report is an accurate representation of this program's actual or projected activities.

PRINT NAME _____	SIGNATURE/DATE _____
------------------	----------------------

ACTION TAKEN BY MSA	NOTES
Date Received: _____ Payment Date: _____	_____
Date Approved: _____ Check Number: _____	_____