



# Request For Cash Reimbursement/Advance Cover Page Instructions



## Organizational Information

- Organization & Organization Address: Insert legal name of the entity and its address.
- Federal EIN #: Insert Federal EIN number found in Cooperative Agreement or eGrants.
- Reimbursement Period: Include start date and end dates for this program year.
- Contact & Contact Telephone number: Insert the name of the individual to contact if there are any questions concerning this report.
- Grant #: Insert the grant number listed on your cooperative agreement.
- Date Prepared: Insert the date the request is prepared.

## Fiscal Information

- ✦ **Sub-grantees must submit requests for payments 30 days after the submission of FSRs using approved request forms with a copy of the FSR and the final PER for that period.**
- It is suggested that programs complete requests on a monthly basis.
- Sub-grantees must submit requests for reimbursements by the 15th and 30th of each month. Accurate reimbursement requests received by the 15th will be processed and payments will be submitted to the sub-grantee on the 30th. Accurate reimbursement requests received by the 30th will be processed and payments will be submitted to the sub-grantee on the 15th.
- Inaccurate reimbursement requests will be sent back to the sub-grantee for revision. The revised request may then be re-submitted to the next reimbursement request cycle. All requests must include a Periodic Expense Report, a General Ledger, a clear reconciliation report, and a narrative to explain the accounting system.

## Completing the Massachusetts Service Alliance Request for Cash Reimbursement / Advance form

- Line A  
This is the total of funds expended to date that are allocated to the approved MSA budget, minus the commission fixed amount reported to date. Obtain total from year to date expenditures total found in cell E46 of the budget summary worksheet of the Periodic Expenses Report excel file.
- Line B  
This is the total funds that the Massachusetts Service Alliance reimbursed and was received by the Agency to date.
- Line C  
The total is line A minus line B. (The formula has been inserted, the total will automatically populate).
- Line D  
This is the commission fixed amount. Obtain the amount from cell E37 in the year-to-date section from the budget summary sheet of the PER.
- Line E  
The total is line C minus line D.
- Line F  
The total amount requested for a 30-day advance (Prior MSA approval is required)
- Line G  
The total is line E plus line F.

## Certification

Initial that all Member time logs are up to date. \*\*A current member hours tally must be sent to the appropriate MSA program officer.

Sign and date the form and submit it to the appropriate Massachusetts Service Alliance Program Officer for approval.