

REQUEST FOR ADVANCE OR REIMBURSEMENT	OMB APPROVAL NO. 0384-0004		PAGE OF 1 1 PAGES
	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSERING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED University of Chicago	1. TYPE OF PAYMENT REQUESTED b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> Partial		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 2010000100
4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 345.567.87			

6. EMPLOYER IDENTIFICATION NUMBER 000416007513	7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER JMESF270C	8. PERIOD COVERED BY THIS REQUEST	
		FROM (month,day,year) 10/01/2007	TO (month,day,year) 03/13/2008

9. RECIPIENT ORGANIZATION University of Minnesota Sponsored Financial Reporting DUNS #: 555917996 Suite 450 200 Oak Street SE Minneapolis, MN 55414	10. PAYEE (Where check is to be sent if different than item 9)) NAME: REGENTS OF THE UNIVERSITY OF MINNESOTA NUMBER AND NW 5957 STREET: P O BOX 1450 CITY, STATE Minneapolis, MN 55485-7890 and ZIP CODE:
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11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

PROGRAMS / FUNCTIONS/ ACTIVITIES>	(a)	(b)	(c)	TOTAL
As of date				
a. Total program outlays to date 03/13/2008	-			8,811.74
b. Less: Cumulative program income	-			600.00
c. Net program outlays (Line a minus line b)	-			8,211.74
d. Estimated net cash outlays for advance period	-			
e. Total (Sum of lines c and d)	-			8,211.74
f. Non-Federal share of amount on line e	-			
g. Federal Share of amount on line e	-			8,211.74
h. Federal payments previously requested	-			-
i. Federal share now requested (line g minus line h)	-			8,211.74
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled	1st month	-		
	2nd month	-		
	3rd month	-		

12. ALTERNATIVE COMPUTATION FOR ADVANCES ONLY

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

13. CERTIFICATION

I certify that to the best of my knowledge and belief, the data above is 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. This space for agency use.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED 04/01/2008
	TYPED OR PRINTED NAME AND TITLE Suzanne Paulson, Director	TELEPHONE (AREA CODE, #, EXT) 612/624-5007