The Gypsy Moth Slow the Spread Foundation, Inc.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

1. TYPE OF PAYMENT REQUESTED	a. "X" one, or both boxes	2. BASIS OF REQUEST
	☐ ADVANCE ☐ REIMBURSE-MENT	☐ CASH
	b. "X" the applicable box ☐ FINAL ☐ PARTIAL	☐ ACCRUAL

3. (For foundation use)	4. GRANT NUMBER ASSIGNED BY GM STS FOUNDATION	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST	
		FROM *(month, day, year)*	TO *(month, day, year)*

9. RECIPIENT ORGANIZATION

Name:

Number and Street:

City, State and ZIP Code:

10. PAYEE (Where check is to be sent is different than item 9)

Name:

Number and Street:

City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date *(As of date)*				
b. Less: Cumulative program income				
c. Net program outlays (*Line a minus line b*)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Foundation share of amount on line e				
g. Foundation share of amount on line e				
h. Foundation payments previously requested				
I. Foundation share now requested (Line g minus line h)				
j. Advances required by month, when requested by Foundation for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Foundation cash outlays that will be made during period covered by the avance	
b. *Less*: Estimated balance of Foundation cash on hand as of 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.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for foundation use