REQUEST FOR ADVANCE OR REIMBURSEMENT	5. TYPE OF PAYMENT REQUESTED		7. RECIPIENT ORGANIZATION			8. PAYEE (where check is to be sent) Bank Name		
1. HSH-G-00(ASHA)	<b>a.</b> (check one)	ADVANCE	Name					
(see instruction on back)	Ī	REIMBURSE- MENT				Account number		
2. FEDERAL AGENCY TO WHICH REPORT IS	<b>b.</b> (circle one)	FINAL	Number, street, suite			ABA number		
SUBMITTED: USAID/BHR/ASHA		PARTIAL				Address (number, street, suite)		
3. EMPLOYER IDENTIFICATION NUMBER	6. PERIOD COVER REQUEST	ED BY THIS	City, State, ZIP					
4. RECIPIENT ACCOUNT or ID NUMBER	from //	to//	City, S				, State, ZIP	
9. COMPUTATION OF AMOUNT OF EITHER REIMBURSEMENTS OR ADVANCES REQUESTED								
PROGRAMS / FUNCTIONS / ACTIVITIES	(A) professional A&E services	(B) construction	( C ) renovation	(D) durable commodities	(E) vehicles and rolling stock		(F) program support	TOTALS
<b>a.</b> Total program outlays as of//								
<b>b.</b> Program income credits (pro-rated from form 269.S)								
C. Net program outlays (9.a - 9.b)								
d. Estimated net cash outlays for advance period								
<b>e.</b> Total (9.c + 9.d)								
f. Non-federal share of block 9.e								
<b>g.</b> Federal share of block 9.e								
h. Federal payments previously requested								
i. Federal share now requested (9.g - 9.h)								
Administrative Approval (USAID/ASHA)  I have reviewed this voucher. Based on its documentation and my personal knowledge of the project, the voucher is administratively approved by this office and subject to the financial review of the pa officer.	data above are con aying accordance with the	of my knowledge an ect and that all outlay	s were made in other agreement	were made in (signature of authorized certifying for the Grantee)			EXCEPTION TO STANDARD FORM	
(signed) (date)		(date submitted)	ed) (telephone) (typed or printed name and title)			title)	SF-	270