							OMB APPROVAL NO. 0348-0003						
FEDERAL CASH TRANSACTIONS REPORT				1.	Federal sponsoring agency and organizational element to which this report is submitted								
				than one grant or									
assis	stance agre	ement, attach co	empleted Standard	Form 272A.)									
2. R	ECIPIENT	ORGANIZATION	N .		4.	Federa numbe	l grant or other r	identification	5.		ient's account n fying number	umber or	
Nam	ne:												
					6.	Letter of credit number			7.	Last	payment vouche	r number	
Num	ber												
and	Street:				8.	Payme	Great Vouchers cre	ive total numb	er for 9.		eriod ury checks rece	ived (whether	
	_				0.	accour		anou to you	"		t deposited)		
	State Zip Code:				10.		PERIOD	COVERED E	Y TH	IIS RE	EPORT		
3. F	EDERAL E	MPLOYER			FRC	OM (mont	h, day, year)		то	(month, d	day, year)		
IDEN	NTIFICATIO	ON NUMBER								1			
			a. Cash on ha	nd beginning of reporting pe	eriod				\$				
			b. Letter of credit withdrawals										
11.	1. STATUS OF FEDERAL CASH		c. Treasury check payments										
			d. Total receipts (Sum of lines b and c)  e. Total cash available (Sum of lines a and d)										
			f. Gross disbursements										
	(See speciji	ns	g. Federal share of program income										
	on the back)		h. Net disbursements (Line f minus line g)										
			i. Adjustments	of prior periods									
			j. Cash on hand end of period.						\$				
12.	THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING  Days		13.	OTHER INFORMATION						1			
			a. Interest inco	ome					\$				
			b. Advances to subgrantees or subcontractors						\$				
14. REMARKS (Attach additional sheets of plain paper, if more space is required)													
15.			1	CERTIFICATION					1				
know	/ledge and	e best of my belief that this	AUTHORIZED	SIGNATURE					DAT	TE REP	ORT SUBMIT	TED	
report is true in all respects and that all disbursements have been			AUTHORIZED  CERTIFYING TYPED OR PRINTED NAME AND TITLE					TELEPHONE (Area Code,					
made for the purpose and conditions of the grant or agreement							Nun	nber, Exte	ension)				
_		OR AGENCY US	SE	I					1				
NSN-7 272-1	7540-01-016-54 03	134						STANDAR Prescribe			(9-97) ars A-102 and	I A-110	
								i					

## **INSTRUCTIONS**

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

## PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

l l	instructions for other items are as follows:		
Item	Entry	Item	Entry
3	Enter employer identification number assigned by the U.S,. Internal Revenue Service or the FICE (institution) code.		employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions—Continued; otherwise;	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
	Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an
5	This Space reserved for an account number or other identifying number that may be assigned by the recipient.		explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line I).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements ore on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and unde-	420	cash. The requirement for the explanation does not apply to prescheduled or automatic advances.  Enter the amount of interest earned on advances of
11b	posited Treasury checks.  Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13a	Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks". Do not report interest earned on advances to States.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.	13b	Enter amount of advance to secondary recipients including in item 11h.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors, the gross amount of direct salaries and wages, including the	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
			STANDARD FORM 272 (Rev. 7-97) BACK

TEBERAL GARANTA MONOTONIA RELIGIO				roved by Office of Management and Budget, No 80-RO182 FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO					
CONTINUATION	١ ١	WHI	CH THIS REPORT IS SUBMITTED						
(This form is completed and attached to Standard For more than one grant or assistance ag									
2. RECIPIENT ORGANIZATION (Give name only as			RIOD COVERED BY THIS	RE	PORT				
			FRO	OM (month, day, year)		TO (month, day, year)			
				-					
4. List information below for each grant or other agree	eement covered by this report.	Use add	ditic	onal forms if more space is req	uire	d.			
FEDERAL GRANTOR OTHER				FEDERAL SHARE OF NET DISBURSEMENTS					
IDENTIFICATION NUMBER	NUMBER OR OTHER			NET DISBURSEMENTS		CUMULATIVE			
(Show a subdivision by other identifying numbers if required by the	IDENTIFYING NUMBER	₹	n	(Gross disbursements less	NET DISBURSEMENTS				
Federal Sponsoring Agency)			program income received) FOR REPORTING PERIOD						
(a)				(c)					
	(1)			(6)		(d)			
	(b)		\$		\$	(3)			
					·				
			\$		\$				
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5. TOTALS Should correspond with amount column c the same as line 11h; column (d) the 272 and cumulative disbursements shown on any difference:	sum of lines 11h and 11I of th last report. Attach explanatio	is SF	\$		\$				
272-101		P.O.:1981	0-		Offic	I 272-A (9-76) ce of Management and Budget EMENT CIR. NO. A-110			