

SF-270 - Request for Advance or Reimbursement

NOTE: Numbers are going to change with each payment request.

- **When to request Advance:** Invoices that have not been paid.
- **When to request Reimbursement:** For personnel costs, for invoices and receipts that has been paid.

Box 1.a. Check if this is an advance or reimbursement. (Check *only one* box.)

Box 1.b. Select if this request is a partial or final payment

Box 2. Select **CASH**

Box 3. USDA – AMS – TM – **LFPP or FMPP** (Select the appropriate program)

Box 4. The grant agreement number must be filled in. Type the agreement number- example: 15FMPPAL0136 or 15LFPPPA0136. If you have an FY 14 agreement then type 14 instead of 15 at the beginning of the agreement number. You can find this number on the Agreement Face Sheet (Box 4).

Box 5. The payment request number must be filled in. (this number should be different for each payment request submitted).

Box 6. (EIN) This must be completed

Box 7. Not Required

Box 8. Period Covered by this Request. These dates should reflect the actual period of performance for this request.

Box 9. This information must be completed.

Box 10. Is not required

Section 11. Please see below explanation of each letter.

Line a. Please see below the calculations of this line:

Only for the first Payment Request:

If this request is for an advance this line would be 0. - **Only for FMPP Grantees.**

+amount to be requested with this invoice – **if is a reimbursement.**

+amount of match funds to be reported with this request (if applicable) – **Only for LFPP Grantees.**

+federal payments previously requested (if applicable)

+Match funds previously reported (if applicable) – **Only for LFPP Grantees.**

=Total program outlays to date

Line b. Leave this box blank. Program income should be reported in the SF-425; **not** in the SF-270.

Line c. *Is letter a less b.* You should have the same number as in letter a.

Line d. \$0.00 if you are requesting a *reimbursement*. If this *is an advance*, type the total amount that you are requesting as an advance with this SF-270.

Line e. Is the sum of c and d.

Line f. *If applicable* - You have to report the amount of matching funds that you want to report for this period, **plus** the amount that you reported in your past payment requests. This is an accumulative box. Applicable **only** to **LFPP Grantees**.

Line g. Include the entire amount that you have already been paid by the grant **plus** the amount that you are requesting with this payment request.

Line h. Federal Payments Previously Requested – Total of payments previously requested.

Line i. The amount represents the payment amount currently requested (line g minus line h). Please make sure that the total Federal amount being requested on this line carries over to the Total amount column and the amounts are the same if using more than one column then makes sure that the totals for each column equal to the amount being requested in the Total column.

Line j. LFPP and FMPP do not allow preschedule advances – ***Leave this box blank.***

Section 12. LFPP and FMPP prefer to only use Section 11 to demonstrate the amount requested as an advance or reimbursement. ***Leave this box blank.***

Box 13. Signature of the authorized representative. The authorized representative is the member of the organization that signed the AMS-33.