

Account: 59734-002214

Invoice Number: 10

Revision Number: 1

Bill To:



NATIONAL ENDOWMENT FOR THE HUMANITIES
GRANTS OFFICE ROOM 310
1100 PENNSYLVANIA, NW
WASHINGTON, DC 20506

*****ADDRESS CHANGE NOTICE*****

Effective May 15, 2006 Sponsored Projects Accounting at Washington University will be relocating to the following address:

**Sponsored Projects Accounting
Washington University
Campus Box 1034
700 Rosedale Avenue
St. Louis, MO 63112-1408**

Please remit payment and all other written correspondence to our new address. Phone numbers, fax numbers, and e-mail addresses will remain unchanged for Sponsored Projects staff.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
 ADVANCE REIMBURSEMENT

b. "X" one or both boxes
 FINAL PARTIAL

2. BASIS OF REQUEST

CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

National Endowment For The Humanities

4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY

ES5015206

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

10

6. EMPLOYER IDENTIFICATION NUMBER

1-43-065-3611-A1

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

59734-002214

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) TO (month, day, year)

11/01/2007 11/30/2007

Advances Only (month, day, year)

9. RECIPIENT ORGANIZATION

Name : Washington University

Number and Street : Campus Box 1034
700 Rosedale Avenue

City, State and ZIP Code: St. Louis, MO 63112-1408

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

Name :

Number and Street :

City, State and ZIP Code:

11. PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date 2007-11-30	\$	\$	\$	\$ 230,000.00
b. Less: Cumulative Program Income				0.00
c. Net program outlays(line a minus line b)				230,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total(Sum of lines c & d)				230,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				230,000.00
h. Federal payments previously requested				198,169.40
i. Federal share now requested(line g minus h)				31,830.60
j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances	1st Month			0.00
	2nd Month			0.00
	3rd Month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

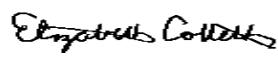
a. Estimated Federal cash outlays that will be made during period covered by the advance

b. Less: Estimated balance of Federal cash on hand as of 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 are 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


TYPED OR PRINTED NAME AND TITLE
Elizabeth Colletta
 MANAGER, SPONSORED PROJECTS ACCOUNTING

DATE REQUEST SUBMITTED
12/18/2007

Telephone (with Extension)
 314/935-5757

This space for agency use

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>	1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" one or both boxes <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
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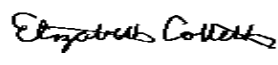
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED National Endowment For The Humanities	4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY ES5015206	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 10
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6. EMPLOYER IDENTIFICATION NUMBER 1-43-065-3611-A1	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 59734-002214	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year) 11/01/2007 11/30/2007 Advances Only (month, day, year)	
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9. RECIPIENT ORGANIZATION Name : Washington University Number and Street : Campus Box 1034 700 Rosedale Avenue City, State and ZIP Code: St. Louis, MO 63112-1408	10. PAYEE (Where check is to be sent if different than item 9) Name : Number and Street : City, State and ZIP Code:
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13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data above are 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 12/18/2007
	TYPED OR PRINTED NAME AND TITLE Elizabeth Colletta MANAGER, SPONSORED PROJECTS ACCOUNTING	Telephone (with Extension) 314/935-5757
This space for agency use		

Account: 59734-002214

Invoice Number: 10

Revision Number: 1

Copy To:

JONES, ROBB J
THE CENTER FOR HUMANITIES
CAMPUS BOX 1071

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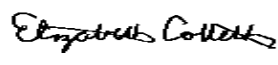
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	TYPED OR PRINTED NAME AND TITLE Elizabeth Colletta MANAGER, SPONSORED PROJECTS ACCOUNTING	Telephone (with Extension) 314/935-5757

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