Bill To:

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Infilling for the humanities GRANTS OFFICE ROOM 310 1100 PENNSYLVANIA, NW WASHINGTON, DC 20506

****ADDRESS CHANGE NOTICE****

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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.

| | | | Approved by OMB No. 80-R0183 | | | | | | Page | 1 | OF | 1 1 | Pages | | | |
|--|------------------------|----------------|--|---|--------------------------|---------------------------|--------------|--------------|--|-------------------------------------|-----------|---------------------|-------|-----|--|--|
| REQUEST FOR ADVANCE | | | 1. a. "X" one or both boxes | | | | | | 2. BASIS OF REQUEST | | | | | | | |
| OR REIMBURSI | EMENT | | TYPE OF PAYMEN | | ADVAN | VANCE X REIMBURSEMENT | | | SEMENT | | X C | CASH | | | | |
| <i>(</i> 6))) | | | REQUES | TED | b. "X" one or both boxes | | | | | 1 = | | | | | | |
| (See instructions on back) | | | | | FINAL | X PARTIAL | | | | | | ACCRUAL | | | | |
| 3. FEDERAL SPONSORI | | | | | OR OTHER II | | | | 5. PARTIA | | | - | | | | |
| AND ORGANIZATIONA WHICH THIS REPORT I | | | NUMBER ASSIGNED BY FED AGENCY NUN | | | | | NUMBE | BER FOR THIS REQUEST | | | | | | | |
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| National Endowment For | | | | | | IC BROIN | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION | 7. RECIPIEN ACCOUNT | TS | | | ERED BY TH | IS REQU | EST | | TO (month | I. J | | | | | | |
| NUMBER | NUMBER OR IDENTIFY | | FROM (m | onth, day | | 1/01/200 |)7 | | TO (mont | TO (month, day, year) 11/30/2007 | | | | | | |
| | | YING | | | 1 | 1/01/200 |)/ | _ | Advances | es Only (month, day, year) | | | | | | |
| 1-43-065-3611-A1 | NUMBER 59734-0022 | 214 | | | | | | | / tuvanees | As only (month, day, year) | | | | | | |
| 9. RECIPIENT ORGANIZ | | | | | | 10. PAY | YEE (Where o | check | is to be sent i | o be sent if different than item 9) | | | | | | |
| | | | | | | | | | ······································ | | | | | | | |
| Name : | Wash | ington Univ | ersity | | | Name : | | | | | | | | | | |
| Number and Street : | | ous Box 1034 | | | | Numbe | | | | | | | | | | |
| | | Rosedale Ave | | | | Number and Street : | | | | | | | | | | |
| City, State and ZIP Code | e: St. Lo | ouis, MO 63 | 112-1408 | | | City, State and ZIP Code: | | | | | | | | | | |
| | | | | (a) | | (b) | | | (c) | | TOTAL | | | | | |
| 11. PROGRAMS/FUNC | CTIONS/ACTIV | /ITIES | | | | | | | | | | | | | | |
| a. Total program outlays | | | | \$ | | \$ | | 1 | \$ | | \$ | \$ 230,000.00 | | | | |
| b. Less: Cummulative Pr | ogram Income | 9 | | | | | | | | | | | 0 | .00 | | |
| c. Net program outlays(li | ne a minus lin | ie b) | | | | | | + | | | | 23 | 0,000 | .00 | | |
| d. Estimated net cash out | lays for advan | ice period | | | | | | ╈ | | | | | 0 | .00 | | |
| e. Total(Sum of lines c & d) | | | | | | | | | | | | 23 | 0,000 | .00 | | |
| f. Non-Federal share of amount on line e | | | | | | | | | | | | | | .00 | | |
| g. Federal share of amou | | | | | | | | | | | 0,000 | | | | | |
| h. Federal payments prev | | | | | | | | | | | 8,169 | | | | | |
| i. Federal share now requested(line g minus h) | | | | | | | | | | | | 3 | 1,830 | .60 | | |
| j. Advances required by month when requested by Federal | | | | | | | | | | | | | 0. | .00 | | |
| grantor agency for use in making prescheduled advances | | 2nd Month | nd Month | | | | | | | | | | 0. | .00 | | |
| 3rd Month | | | | | | | | | | | | | 0. | .00 | | |
| 12. ALTERNATE COMP | UTATION FOR | R ADVANCES | ONLY | | | | | | | | | | | | | |
| a. Estimated Federal cash | outlays that w | vill be made d | uring perio | d cover | ed by the adv | ance | | | | | | | | | | |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | | | | | | | | | | | | | | | | |
| c. Amount requested (Lin | ne a minus line | e 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 agree- | | | SIG | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | | | | | | DATE REQU | | | | | |
| | | | | ſ | | . ^ | | | | | | UBMITTE 2/18/200 | | | | |
| | | | Etypotects Collects | | | | | | 12/10/2007 | | | | | | | |
| ment and that payment is due and has not been | | | TYPED OR PRINTED NAME AND TITLE | | | | | | Т | elephone (v | vith Ex | tension) | | | | |
| previously requested. | | | Elizabeth Colletta MANAGER, SPONSORED PROJECTS ACCOUNTING | | | | | 314/935-5757 | | | | | | | | |

This space for agency use

| | | Арј | proved by O | MB No. 80-R01 | Page 1 | OF | 1 Pages | | | | | | |
|---|---------------------------|---------------|---|-----------------|--------------------------|----------------------|-----------------------------|-------------------------|----------|--|--|--|--|
| REQUEST FOR ADVANCE | | | 1. a. "X" one or both boxes TYPE OF | | | | | 2. BASIS OF REQUEST | | | | | |
| OR REIMBURS | EMENT | | PE OF YMENT | ADVAN | ice X rein | X CASH | | | | | | | |
| <i>(</i> 6 | | | QUESTED | b. "X" one o | r both boxes | ACCRUAL | | | | | | | |
| (See instructions on back) | | | | FINAL | X PAR | TIAL | | | | | | | |
| 3. FEDERAL SPONSORI | | | | OR OTHER II | | L PAYMENT REQUEST | | | | | | | |
| AND ORGANIZATIONA WHICH THIS REPORT | | NU | MBER ASSI | GNED BY FED | AGENCY | NUMBE | NUMBER FOR THIS REQUEST | | | | | | |
| | | | E | 85015206 | | | 10 | | | | | | |
| National Endowment Fo | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION | 7. RECIPIENT'S ACCOUNT | | 8. PERIOD COVERED BY THIS REQUEST | | | | | | | | | | |
| NUMBER | NUMBER | FRO | OM (month, c | | 1/01/2007 | 10 (mont | n, day, year) 11/30/2007 | | | | | | |
| | OR IDENTIFYING | G | 11/01/2007 | | | | | Only (month, day, year) | | | | | |
| 1-43-065-3611-A1 59734-002214 | | | | | Unity (month, day, year) | | | | | | | | |
| 9. RECIPIENT ORGANIZ | | | | | 10. PAYEE (Where c | heck is to be sent i | f different tha | n item 9) | | | | | |
| | | | | | | | | | | | | | |
| Name : | Washingto | on Universit | У | | Name : | | | | | | | | |
| Number and Street : | Campus E | | | | Number and Street | | | | | | | | |
| | | dale Avenue | | | | | | | | | | | |
| City, State and ZIP Cod | le: St. Louis, | MO 63112- | 1408 | | City, State and ZIP | | | | | | | | |
| | | | (a) | | (b) | (c) | Т | OTAL | | | | | |
| 11. PROGRAMS/FUN | | | | | | | | | | | | | |
| a. Total program outlays | to date 2007-11-30 |) | \$ | | \$ | \$ | \$ | \$ 230,000.00 | | | | | |
| b. Less: Cummulative Pr | rogram Income | | | | | | | | 0.00 | | | | |
| c. Net program outlays(1 | ine a minus line b) | | | | | | | 230 | 0,000.00 | | | | |
| d. Estimated net cash ou | tlays for advance pe | eriod | | | | | | | 0.00 | | | | |
| e. Total(Sum of lines c & d) | | | | | | | | 230 | 0,000.00 | | | | |
| f. Non-Federal share of amount on line e | | | | | | | | | 0.00 | | | | |
| g. Federal share of amount on line e | | | | | | | | 230 | 0,000.00 | | | | |
| h. Federal payments prev | | | | | | 198 | 8,169.40 | | | | | | |
| i. Federal share now requested(line g minus h) | | | | | | | | 31 | 1,830.60 | | | | |
| j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances1 st Month3rd Month3rd Month | | | | | | | | | 0.00 | | | | |
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| 12. ALTERNATE COMP | UTATION FOR AD | VANCES ONL | Л | | | | | | | | | | |
| a. Estimated Federal cash | n outlays that will be | e made during | g period cov | ered by the adv | vance | | | | | | | | |
| 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 | of my knowledge ar | SIGNATU | ATURE OF AUTHORIZED CERTIFYING OFFICIAL | | | | DATE REQUEST | | | | | | |
| belief the data above are correct and that all | | | | 0 | <u>^</u> | | SUBMITTED 12/18/2007 | | | | | | |
| outlays were made in accordance with the grant | | | | Unjober | 15 Collocks | | 12/18/2007 | | | | | | |
| conditions or other agree ment and that payment is | en | TYPED O | R PRINTED NA | ME AND TITLE | | | Telephone (with Extension) | | | | | | |
| ment and that payment is due and has not been previously requested. | | | Elizabeth | Colletta | PROJECTS ACCOUN | TING | 314/935-5757 | | | | | | |

This space for agency use

Copy To:

JONES, ROBBI J THE CENTER FOR HUMANITIES CAMPUS BOX 1071

| ****ADDRES | S CHANGE NOTICE**** | |
|------------|---------------------|--|

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

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| | | Арј | proved by O | MB No. 80-R01 | Page 1 | OF | 1 Pages | | | | | | |
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| OR REIMBURS | EMENT | | PE OF YMENT | ADVAN | ice X rein | X CASH | | | | | | | |
| <i>(</i> 6 | | | QUESTED | b. "X" one o | r both boxes | ACCRUAL | | | | | | | |
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| National Endowment Fo | | | | | | | | | | | | | |
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| | OR IDENTIFYING | G | 11/01/2007 | | | | | Only (month, day, year) | | | | | |
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| | | | | | | | | | | | | | |
| Name : | Washingto | on Universit | У | | Name : | | | | | | | | |
| Number and Street : | Campus E | | | | Number and Street | | | | | | | | |
| | | dale Avenue | | | | | | | | | | | |
| City, State and ZIP Cod | le: St. Louis, | MO 63112- | 1408 | | City, State and ZIP | | | | | | | | |
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