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

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

- National Endowment For The Humanities

**6. EMPLOYER IDENTIFICATION NUMBER**

- 1-43-065-3611-A1

**8. PERIOD COVERED BY THIS REQUEST**

- FROM (month, day, year): 11/01/2007
- TO (month, day, year): 11/30/2007

**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

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

- ESS015206

**5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST**

- 10

**11. PROGRAMS/FUNCTIONS/ACTIVITIES**

<table>
<thead>
<tr>
<th>a. Total program outlays to date 2007-11-30</th>
<th>b. (Add: Cumulative Program Income)</th>
<th>c. (Subtract: Net Program Outlay)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$230,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>$230,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a.</th>
<th>Non-Federal share of amount on line c</th>
<th>g. Federal share of amount on line c</th>
<th>h. Federal payments previously requested</th>
<th>i. Federal share now requested(line g minus h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>$230,000.00</td>
<td>$198,169.40</td>
<td>0.00</td>
<td>$31,830.60</td>
</tr>
</tbody>
</table>

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

<table>
<thead>
<tr>
<th>a. Estimated Federal cash outlays that will be made during period covered by the advance</th>
<th>b. Less: Estimated balance of Federal cash on hand as of beginning of advance period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**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**

- Elizabeth Colletta
- MANAGER, SPONSORED PROJECTS ACCOUNTING

**DATE REQUEST SUBMITTED**

- 12/18/2007

**TYPE OR PRINTED NAME AND TITLE**

- Elizabeth Colletta
- 314/935-5757

*Revised Invoice*
**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**
   - ESS015206

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 TO 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) 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 prescribed advances
      - 1st Month 0.00
      - 2nd Month 0.00
      - 3rd Month 0.00

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    - c. Amount requested (Line a minus line b)

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    - 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

*Revised Invoice Copy*
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(See instructions on back)

1. **TYPE OF PAYMENT REQUESTED**
   - [ ] ADVANCE
   - [x] REIMBURSEMENT
   - [ ] CASH
   - [ ] PARTIAL

2. **BASIS OF REQUEST**
   - [ ] ADVANCE
   - [x] REIMBURSEMENT

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      - Elizabeth Colletta
      - MANAGER, SPONSORED PROJECTS ACCOUNTING
    - **DATE REQUEST SUBMITTED** 12/18/2007
    - **TELEPHONE (WITH EXTENSION)** 314/935-5757

*Revised Invoice Copy*

### Notes
- Standard Form 270 (7-76)
- Prescribed by OMB Circular No. A-110