

TCDD/Request for Advance or Reimbursement (RAR)

Name of Organization:		*Grant Number:		*Request Number:		
Address:						
City/Zip:		Budget Period: (mm/dd/yy) to				
Telephone:		Report Period: (mm/dd/yy) to				
	APPROVED BUDGET		REQUEST FOR REIMBURSEMENT		REQUEST FOR ADVANCE	
Category	TCDD	Match	TCDD	Match	TCDD	Match
Personnel - Salaries						
Personnel - Fringe						
Personnel - Travel						
Equipment						
Supplies						
Contractual						
Other Costs						
Indirect						
Total						
Please explain any expense variances below the 5% or 10% threshold in each cost category within current RAR period. (Note: Refer to TCDD Grants Manual for allotted threshold amount, if any advance is requested please provide additional supporting documents and justification below)						
<p>I certify that, to the best of my knowledge and belief, the data reported above are correct and that all costs were incurred in accordance with grant conditions and regulations and that payment is due and has not been previously paid.</p>						
Signature of Project Director _____				Date _____		
Signature of Financial Administrative Authority _____				Date _____		
For TCDD Use Only						
Approved for \$ _____ by _____ Date _____						

TCDD = funds approved by TCDD

Match = grantees contributions/inkind