



REQUEST FOR FUNDS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

FISCAL MANAGEMENT

SFN 14660 (Rev. 01/2017)

Requesting Agency			Duns #	Project Number and Program Title (As it appears on Grant Award)			
Contact Person				DPI Contact Person			
Mailing Address		City	State	ZIP Code	Telephone Number		
Budget/Project Period (MM/DD/YYYY)		Fiscal Year Final Request		Reporting Period of Expenditures for this Request (MM/DD/YYYY)			
From	To	Yes <input type="checkbox"/> No <input type="checkbox"/>		From	To		
A. Total amount of award (including revisions and/or carry-over if applicable).							
B. Cumulative expenditures (expenditures from start of this budget/project period through the end of this reporting period).							
C. Unpaid obligations being claimed for payment* (<i>Must be <u>zero</u> on final request</i>).							
D. Prior payments received for this grant.							
E. <u>Amount of this request</u> = Line B, plus Line C, less Line D.							
F. Balance remaining = Line A, less Lines B and C.							
*Unpaid obligations may include those items ordered but not yet received and items for which invoices have been received but checks have not been written. If this is federal program funds, funds for the unpaid obligations must be disbursed within 3 days of receipt of funds. The final request for funds <u>may not</u> include unpaid obligations.							
Reimbursement claims for funds expended through June 30 of any year must be submitted to the Department of Public Instruction by July 15 .							
This section to be completed only for requests submitted in July and August .							
1. Are all funds requested on Line E above for costs incurred prior to June 30? Yes <input type="checkbox"/> No <input type="checkbox"/>							
2. If no , please indicate the amount of the request which applies to the new fiscal year beginning July 1: \$							
Remarks							
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.							
Typed Name of Authorized Representative			Title		Telephone Number		
Signature of Authorized Representative					Date		
Signature of DPI Representative		Date	Signature of DPI Grant Manager		Total Payment Approved	Class	
					\$	20167	
Speed Chart	Year	Dept. ID	Fund	Project ID/CFDA	Activity ID	Account	Payment Approved
							\$
Speed Chart	Year	Dept. ID	Fund	Project ID/CFDA	Activity ID	Account	Payment Approved
							\$
Speed Chart	Year	Dept. ID	Fund	Project ID/CFDA	Activity ID	Account	Payment Approved
							\$
Speed Chart	Year	Dept. ID	Fund	Project ID/CFDA	Activity ID	Account	Payment Approved
							\$
Speed Chart	Year	Dept. ID	Fund	Project ID/CFDA	Activity ID	Account	Payment Approved
							\$