

# REQUEST FOR ADVANCE OR REIMBURSEMENT

*(See instructions on back)*

OMB APPROVAL NO

**0348-0004**

PAGE OF

1/2 PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes

ADVANCE

REIMBURSEMENT

b. "X" the applicable box

FINAL

PARTIAL

2. BASIS OF REQUEST

CASH

ACCRUAL

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

**USAID / OFDA**

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

**AID-OFDA-A-13-00040**

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

**N° 3**

6. EMPLOYER IDENTIFICATION NUMBER

**12504**

7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER  
Crédit du Nord  
Haussman Grands Institutionnels  
50 rue d'Anjou  
75008 Paris- FRANCE  
Bank Account 30076 02352  
12115700202 39  
BIC/SWIFT Code  
NORDFRPP

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

**October, the 1st, 2014**

TO (month, day, year)

**December, the 31st, 2014**

9. RECIPIENT ORGANIZATION

Name: **PREMIERE URGENCE - AIDE MEDICALE INTERNATIONALE**

Number  
and Street: **2 rue Auguste Thomas**  
City, State  
and ZIP Code: **Asnières sur Seine - 92600 FRANCE**

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

Name:  
  
Number  
and Street:  
  
City, State  
and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>July, the 31st, 2014</i>	\$1 058 217,08			\$1 058 217,08
b. Less: Cumulative program income	-			\$0,00
c. Net program outlays (Line a minus line b)	\$1 058 217,08			\$1 058 217,08
d. Estimated net cash outlays for advance period	\$3 303 615,69			\$3 303 615,69
e. Total (Sum of lines c & d)	\$4 361 832,77			\$4 361 832,77
f. Non federal share of amount on line e	-			\$0,00
g. Federal share of amount on line e	\$4 361 832,77			\$4 361 832,77
h. Federal payments previously requested	\$1 270 901,05			\$1 270 901,05
i. Federal share now requested (Line g minus line h)	\$3 090 931,72			\$3 090 931,72
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	\$1 030 310,57		\$1 030 310,57
	2nd month	\$1 030 310,57		\$1 030 310,57
	3rd month	\$1 030 310,57		\$1 030 310,57

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated federal cash outlays that will be made during period covered by the advance	\$3 303 615,69
b. Less: Estimated balance of Federal cash on hand as beginning of advance period	\$212 683,97
c. Amount requested (Line a minus line b)	\$3 090 931,72

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(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110



*[Handwritten Signature]*

2 rue Auguste Thomas - 92600 Asnières-sur-Seine - France  
SIRET n° 531 102 275 4027 APE n° 9499Z

13.

**CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse 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 OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	 T. MAURICET - GENERAL DIRECTOR	
This space for agency use		TELEPHONE (AREA CODE, NUMBER, EXTENSION)
		00 33 1 55 66 99 66

2 rue Auguste Thomaé - 92610 Asnières-sur-Seine - France

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