Financial Report and Request for Drawdown of Funds

Form CF-98-2, Nov 2009

1. ACTIVITY:	6. SAO AWARD NUMBER:
2. RECIPIENT INSTITUTION NAME & REMIT TO ADDRESS:	7. TYPE OF SUBMISSION: DRAWDOWN OF FUNDS: Reimbursement Advance Both SEMI-ANNUAL REPORT:
	FINAL REPORT:
3. FEDERAL TIN OR EIN:	8. TOTAL AWARD AMOUNT:
4. INVESTIGATOR:	9. PERIOD-OF-PERFORMANCE OF THE AWARD: FROM: TO:
5. INVOICE NUMBER [limit - 27 characters]:	10. PERIOD OF THE REPORT:
	FROM: TO:
11. CURRENT STATUS:	
a. TOTAL AMOUNT INVOICED/REQUESTED	\$
b. TOTAL PAYMENTS RECEIVED:	\$
12. DRAWDOWN REQUEST:	
a. TOTAL EXPENDITURES THROUGH REPORTING PERIOD: \$	
b. BALANCE AT END OF REPORTING PERIOD (11a - 12a): \$	
c. NEW FUNDS REIMBURSEMENT REQUESTED: \$ [Do not include any amounts previously invoiced for which payments have not been received.]	
d. ADVANCE FUNDING REQUESTED:	\$
e. TOTAL DRAWDOWN REQUEST [12c + 12d]	\$
13. SUBMIT REPORT TO:	
a. Invoices that have been scanned into the Portable Document Format (pdf) may be sent via e-mail to: chandrainvoices@cfa.harvard.edu NOTE: The Subject line of the e-mail must state Chandra Invoice, the Chandra Award Number from Block 2 of the award document, and your institution's invoice number. Invoices will only be accepted at the e-mail address above.	
 b. Hard copy: Smithsonian Astrophysical Observatory ATTN: Subawards Section 60 Garden Street, Mail Stop 22 Cambridge, MA 02138-1516 	
NOTES: Do not send a hard copy of the invoice if you have submitted the invoice via e-mail. Questions regarding payment should be sent to the Grant Specialist shown in Block 14 of the award document.	
14. CERTIFICATION: I certify that, to the best of my knowledge and belief, the information on this report is correct and that all expenditures and payments requested comply with the purposes and provisions of this Award.	
SIGNATURE:	DATE:
TYPED NAME:	
TYPED TITLE:	E-MAIL ADDRESS: