

REQUEST FOR ADVANCE OR REIMBURSEMENT

OMB APPROVAL NO. **00348-0004** PAGE **1** OF **2** PAGES

1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
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(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DOT/PHMSA/Office of Pipeline Safety		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY DTPH56-15-G-PHPC20	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER 45-0309764	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 04/15/2015 TO (month, day, year) 04/14/2016	
9. RECIPIENT ORGANIZATION Name: North Dakota Public Service Commission Number and Street: 600 E Boulevard 12th Fl City, State and ZIP Code: Bismarck, ND 58505-0480		10. PAYEE (Where check is to be sent if different than item 9) Name: North Dakota Public Service Commission Number and Street: 600 E Boulevard - Dept 408 City, State and ZIP Code: Bismarck, ND 58505-0480	

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 10,000
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0
c. Amount requested (Line a minus line b)	\$ 10,000

Invoice: ND2015OC

Supplier Name **NORTH DAKOTA
STATE OF**
Supplier Number **100488993**
Invoice Number **ND2015OC**

Invoice Date **03-Jun-2015**
Invoice Description **2015 One Call
Payment Request**

Total (USD) **10,000.00**

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