

** STATE OF MISSISSIPPI **
CLAIM SUPPORT FORM: ADVANCED

(1) CLAIM SUBMISSION DATE:
 (2) CLAIM FOR THE PERIOD OF:

FUNCTIONAL AREA : 1651 HUMAN SERVICES
 COST CENTER : 165100000 DIVISION
 GRANTEE ID : 3100000000
 AGREEMENT NUMBER : 6001234
 AGREEMENT PERIOD : FROM 10/01/2015 TO 09/30/2017

(3) CLAIM NUMBER:
 (4) CLAIM AMOUNT:
 PROGRAM NUMBER:

VENDOR NAME : ANY SUBGRANTEE, INC.
 ADDRESS : P.O. BOX 998
 : ANYTOWN MS 39999

PROGRAM DESCRIPTION: 2017 S/G TRAINING

EXPENSE TYPE	DESCRIPTION	(5) AGREEMENT BUDGETED	(6) CUMULATIVE CLAIMS REQUESTED TO DATE	(7) FEDERAL CLAIM AMOUNT	(8) STATE CLAIM AMOUNT	(9) CUMULATIVE CLAIM TO DATE	(10) OTHER (SUB-RECIPIENT MATCH)
10	ADVANCE PAYMENT	250,000.00	0.00	<input type="text" value="2,500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2,500.00"/>	<input type="text"/>
TOTALS:		250,000.00	0.00	2,500.00	0.00	2,500.00	0.00

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAYMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS

(10) SIGNATURE OF AUTHORIZED OFFICIAL

(11) DATE

(12) PROGRAMS APPROVAL