

## REQUEST FOR REIMBURSEMENT

(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  
**U.S. Fish & Wildlife Service**

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  
**F14AC00237**

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  
**11**

6. EMPLOYER IDENTIFICATION NUMBER  
**94-1594250**

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  
**94-1594250**

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)  
**4/1/2017**

TO (month, day, year)  
**6/30/2017**

9. RECIPIENT ORGANIZATION

Name **Point Reves Bird Observatory**  
 Number **3820 Cypress Drive #11**  
 and Street **Petaluma, CA 94954**  
 City, State  
 and ZIP Code:

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

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES >	(a) Farallones	(b) Auklet Boxes	(c) Salamanders	(d) MISC	(e) Mice	TOTAL
a. Total program outlays to date (As of date) 6/30/2017	457,890.00	36,244.00	37,200.00	28,546.64	5,283.90	<b>565,164.54</b>
b. Less: Cumulative program income						
c. Net program outlays (Line a minus line b)	457,890.00	36,244.00	37,200.00	28,546.64	5,283.90	<b>565,164.54</b>
d. Estimated net cash outlays for advance period						
e. Total (Sum of lines c & d)	457,890.00	36,244.00	37,200.00	28,546.64	5,283.90	<b>565,164.54</b>
f. Non-Federal share of amount on line e	-	-	-	-	-	
g. Federal share of amount on line e	457,890.00	36,244.00	37,200.00	28,546.64	5,283.90	<b>565,164.54</b>
h. Federal payments previously requested	457,890.00	36,244.00	37,200.00	20,031.00	0.00	<b>551,365.00</b>
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	8,515.64	5,283.90	<b>13,799.54</b>
	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

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b)

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above 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 OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

**Padmini Srinivasan**  
**CFO**

date

**7/19/2017**

This space for agency use

## Payment Transaction Confirmation

Payment Request Sequence Number : 07-19-2017 69671625 00004

Payment Request Type :	Summary
Payment Method :	ACH
Bank Relationship :	121141877****5807
Requested Settlement Date :	07/20/2017
Requested Date and Time :	07/19/2017:20:20
Requestor Reference Number :	4004R-11
Total Items :	2
Total Amount Requested :	\$13,799.54
Total Amount Entered :	\$13,799.54

**Recipient : POINT REYES BIRD OBSERVATORY (0633522)**

**Federal Agency : DEPARTMENT OF THE INTERIOR (14160006)**

**Cash On Hand : Subtotal :\$13,799.54**

Seq # / Item #	Account ID	Account Status	Available Balance	Remittance Code	Remittance Amount	Amount Requested	Payment Request Status
1	F14AC00237- 0007-9400	Open	\$11,484.36			\$8,515.64	Queued to be sent to ACH
2	F14AC00237- 0011-0210	Open	\$4,716.10			\$5,283.90	Queued to be sent to ACH