

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 17
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) 10/1/2018 TO (month, day, year) 12/31/2018	

9. RECIPIENT ORGANIZATION Name Point Reyes Bird Observatory Number and Street 3820 Cypress Drive #11 City, State and ZIP Code: Petaluma, CA 94954	10. PAYEE (Where check is to be sent if different than item 9)
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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) 6/30/2018	663,964.50	63,919.70	37,200.00	40,031.00	20,000.00	825,115.20
b. Less: Cumulative program income						
c. Net program outlays (Line a minus line b)	663,964.50	63,919.70	37,200.00	40,031.00	20,000.00	825,115.20
d. Estimated net cash outlays for advance period						
e. Total (Sum of lines c & d)	663,964.50	63,919.70	37,200.00	40,031.00	20,000.00	825,115.20
f. Non-Federal share of amount on line e	-	-	-	-	-	-
g. Federal share of amount on line e	663,964.50	63,919.70	37,200.00	40,031.00	20,000.00	825,115.20
h. Federal payments previously requested	625,807.00	63,919.70	37,200.00	40,031.00	20,000.00	786,957.70
i. Federal share now requested (Line g minus line h)	38,157.50	0.00	0.00	0.00	0.00	38,157.50
	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 1/21/2019
This space for agency use		

