

**SEAGO AREA AGENCY ON AGING
PAYMENT REQUEST FOR SERVICES PROVIDED UNDER FIXED RATE**

PROVIDER NAME:			REPORT FOR (MONTH / YEAR):	
PROVIDER ID:			Version: <i>(click on cell and choose from dropdown list)</i>	
PREPARED BY:			DATE:	
Service: <i>(click on cell and choose from dropdown list)</i>	HSK HCB 215-81000	CHG HCB 210-80500		
UNITS OF SERVICE				
Number of Clients Served				
Units Delivered				
Units Rate				
EXPENDITURES FOR THE MONTH BY LINE ITEM				
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
REVENUE FOR THE MONTH BY FUND SOURCE				
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -
				TOTAL

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate. All expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material information, subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

NAME: _____

TITLE: _____

SIGNATURE: _____

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Indirect Costs			
Total Expenditures	\$	-	\$
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Project Income			
Non-Federal In-Kind			
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Other Federal			
Total Non-SEAGO Revenue	\$	-	\$
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Units Rate			
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**SEAGO AREA AGENCY ON AGING
PAYMENT REQUEST FOR SERVICES PROVIDED UNDER COST REIMBURSEMENT**

PROVIDER NAME:		REPORT FOR (MONTH / YEAR):	
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PREPARED BY:		DATE:	
Service: <small>(click on cell and choose from dropdown list)</small>			
UNITS OF SERVICE			
Number of Clients Served			
Units Delivered			
Units Rate			
EXPENDITURES FOR THE MONTH BY LINE ITEM			
Personnel			
E.R.E.			
P. & O.			
Travel			
Space			
Equipment			
Materials & Supplies			
Operating Services			
Indirect Costs			
Total Expenditures	\$	-	-
REVENUE FOR THE MONTH BY FUND SOURCE			
ALTCS			
Project Income			
Non-Federal In-Kind			
Non-Federal Cash			
Other Federal			
Total Non-SEAGO Revenue	\$	-	-
SEAGO AAA FUNDS	\$	-	-
			TOTAL

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