

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

PROVIDER NAME:		REPORT FOR (MO	
PROVIDER ID:		<i>(click on cell and</i>	
PREPARED BY:			
Service: <i>(click on cell and choose from dropdown list)</i>	Click to Choose	Click to Choose	Click to Choose
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	\$ -	\$ -	\$ -

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

NAME: _____

TITLE:

SIGNATURE: _____

DATE:

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**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>	Click to Choose	Click to Choose	Click to Choose
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 the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in 1 conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the or material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, fal; otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

AMOUNT
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Click to Choose

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DAARS #

**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>	Click to Choose	Click to Choose	Click to Choose	Click to Choose

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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**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>	Click to Choose	Click to Choose	Click to Choose

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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SIGNATURE: _____

TITLE: _____

DATE: _____

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**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>	Click to Choose	Click to Choose	Click to Choose

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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SIGNATURE: _____

TITLE: _____

DATE: _____

AMOUNT
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DAARS #

**SEAGO AREA AGENCY ON AGING
PAYMENT REQUEST FOR SERVICES PROVIDED UNDER COST REIMBURSEMENT**

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>	Click to Choose	Click to Choose	Click to Choose	Click to Choose
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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NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

AMOUNT
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Click to Choose

HSK HCB
215-81000

ATTN HCB
263-81800

ATTN SSBG
264-81800

ATTN ARP
305-81800

ATTN SSBG
264-81800

RSP HCB
226-82000

CHG HCB
210-80500

CNG ARP
303-80500

HDM RM
258-80700

HDM HCB
212-80700

HDM ARP
304-80700

HDM SSBG
266-80700

TSP HCB
241-82100

CMG HCB
208-80460

CMG SSBG
268-80460

NRH HCB
233-82400

ADP HCB
267-80000

RPR HCB
225-81900

Original

Revised