

**GRANT FUNDS ADVANCE REQUEST**

DR 322 (Rev. 01/16)

Grant Number:

Funding Period:

Year:

Grantee Name and Address:

Enter Amount being Requested by Type of Grant\*:

IL Core Services (AB204)– SSR Funds	\$	<del>XXXXXX</del>	(line item 2369-5079)
Other IL Services – SSR Funds	\$		(line item 035-5079)
Other OIB Services – SSR Funds	\$		(line item 026-5032)

\* Advances will only be approved for grants that include the advance provision in the grant terms and conditions. Authority: W&I Code 19805; GC 11019

*I hereby certify to the best of my knowledge and belief that this request is accurate and complete, and in compliance with the grant.*

Authorized Grantee Signature:

Date:

**STATE DEPARTMENT OF REHABILITATION USE ONLY**

Adjustment per Billing Reconciliation: \$ (\_\_\_\_\_)

Adjustment per Resources Specialist: \$ (\_\_\_\_\_)

PAY THIS AMOUNT: \$ \_\_\_\_\_

Reason for Adjustment:

Adjusted by:

Date:

Approval:

Date:

