Financial Forms for Payments

1) SF 3881 – Automated Clearing House ACH) Payment Enrollment Form

2) SF – 270 – Request for Advance or Reimbursement

ACH PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY INSTITUTE OF MUSEUM AND LIBRARY SERVICES		
AGENCY IDENTIFIER IMLS	AGENCY LOCATION CODE 59000004	ACH FORMAT CCD+
ADDRESS 1800 M STREET, NW, 9TH FLOOR		
WASHINGTON, DC 20036-5802		
CONTACT PERSON NAME Grants Administration	TELEPHONE NUMBER 202-653-4737	FAX: 202-653-4604

PAYEE INFORMATION

NAME	SOCIAL SECURITY NO. OR TAXPAYER ID NO.
ADDRESS	IMLS GRANT NUMBER:
CONTACT PERSON NAME	TELEPHONE NUMBER

FINANCIAL INSTITUTION INFORMATION

NAME	
ADDRESS	
ACH COORDINATOR	TELEPHONE NUMBER
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT (please circle) Checking Savings Lockbox	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (COULD BE THE SAME AS ACH COORDINATOR)	TELEPHONE NUMBER

ACH PAYMENT ENROLLMENT FORM

INSTRUCTIONS

In a government-wide cost cutting effort, the U.S. Treasury has mandated that all government payments be processed through an Electronic Funds Transfer system. They have developed the Vendor Express to utilize the Automated Clearing House (ACH) network to process financial transactions. This will allow IMLS to transfer funds directly to your bank account.

To enroll in the program, please complete the "ACH Payment Enrollment Form," (SF-3881) on the front of this page, as follows:

1. Complete the "Payee Information" section of the form.

2. Ask your financial institution to complete the "Financial Institution Information" section. This form should be signed by the ACH Coordinator at your bank.

3. Make arrangements with your bank to be notified of deposit.

4. Make a copy of the completed form for your files.

5. Return the completed original form to the IMLS address shown in the "Agency Information" section no later than the date indicated in the Memorandum.

PLEASE NOTE:

1. **It is your responsibility to notify IMLS if your banking information changes (i.e., you change account numbers, banks, etc.)**
2. **If you have other grants from IMLS, payments from those grant funds will be direct deposited to the same bank account.**

If you have questions, please call the IMLS Contact Person named in the "Agency Information" section of the form.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE OF PAGES

1. TYPE OF PAYMENT REQUESTED
   a. *"X" one or both boxes* ☐ ADVANCE ☐ REIMBURSEMENT
   b. *"X" the applicable box* ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST ☐ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

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

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. **PERIOD COVERED BY THIS REQUEST**
   FROM *(month, day, year)*
   TO *(month, day, year)*

9. RECIPIENT ORGANIZATION

Name:

Number and Street:

City, State and ZIP Code:

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

Name:

Number and Street:

City, State and ZIP Code:

11. **COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date *(As of date)*	$	$	$	$ 0.00
b. *Less:* Cumulative program income				0.00
c. Net program outlays *(Line a minus line b)*	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total *(Sum of lines c & d)*	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested *(Line g minus line h)*	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				0.00
2nd month				0.00
3rd month				0.00

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)*	$ 0.00

(Continued on Reverse)

13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse 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 OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED August 25, 2009
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.