

# Office of Community Services

Department of Labor and Industrial Relations

## FORM 300 - CASH REQUEST

<b>1. <u>RECIPIENT ORGANIZATION</u></b>  40 Holomua Street, Hilo, HI 96720	<b>2. <u>FUNDING SOURCE</u></b>  Federal  CFDA 10.568	
<b>3. <u>PROGRAM</u></b>  The Emergency Food Assistance Program: Admin Exp	<b>4. <u>CONTRACT NUMBER</u></b>	<b>5. <u>CONTRACT AMOUNT</u></b>
<b>6. <u>CONTRACT PERIOD</u></b>  From: _____ To: _____	<b>7. <u>PERIOD COVERED BY THIS REPORT (If Final, circle FINAL)</u></b>  From: _____ To: _____	

**8. COMPUTATION OF CASH REQUESTS:**

***For Reimbursement:***

		<u>Amount</u>
1 Total Cash Disbursements to Date: <i>(Cumulative Total from contract start date)</i>	1.	_____
2 Total Cash Received to Date: <i>(Cumulative Total from contract start date)</i>	2.	_____
3 <b>Total Amount Due:</b> <span style="float: right;"><i>Line 1 minus Line 2 = Line 3</i></span>	3.	_____
4 <b>Less:</b> Prior Cash Request not yet received	4.	_____
5 <b>Amount Requested For This Period:</b> <span style="float: right;"><i>Line 3 minus Line 4 = Line 5 (Enter 0 if Line 3 is less than Line 4)</i></span>	5.	_____ _____

**CERTIFICATION:**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the 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 fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

\_\_\_\_\_  
 Signature Print Name Date Report Submitted

**OFFICE OF COMMUNITY SERVICES USE ONLY**

**APPROVAL FOR PAYMENT**

**I certify satisfactory receipt of goods/services listed in this invoice/form.**

\_\_\_\_\_  
 Signature - Program Specialist Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature - Fiscal Section Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature - Executive Director Date: \_\_\_\_\_