



Elsie Arntzen, Superintendent
 Office of Public Instruction
 Accounting Division
 PO Box 202501
 Helena, Montana 59620-2501
 www.opi.mt.us

Cash Request for State and Federal Grant Programs (For Programs Not on E-Grants)

DIRECTIONS—Only a Prime Applicant should complete this form. Use a separate form for each project.

1. Complete and sign, then send the original of this form to the Office of Public Instruction, Accounting Department or fax to (406) 444-1369. Retain a copy for district files.
2. The amount requested for a particular month must be the minimum amount needed in that month for actual immediate cash required to carry out the purpose of the approved project.
3. The Office of Public Instruction may, at its discretion, request written documentation and/or an explanation for the amount requested for any or all months, and may request a report of cash-on-hand at anytime during the project period.
4. The total amount of the cash requested for this project may be less, but not more, than the approved project budget.
5. This form must be received at the Office of Public Instruction by the 25th of the month PRECEDING the first month cash is needed. The amount requested for a particular month will be sent on the 10th day of that month (e.g., the amount of cash requested below for August will be sent on August 10th if this form is received at the Office of Public Instruction by July 25th).
6. Amended cash request forms should be submitted for this project if at anytime during the year a significant cash shortfall or excessive cash-on-hand exists.
7. For assistance, contact (406) 444-3408.

Prime Applicant	County: _____	<input type="checkbox"/> Elem Legal Entity: _____ <input type="checkbox"/> H.S. Legal Entity: _____ <input type="checkbox"/> K-12 Legal Entity: _____ <input type="checkbox"/> Other Legal Entity: _____
-----------------	---------------	---

Fill in the project name and number (from the budget page) for which this CASH REQUEST is being requested.

State/Federal Program Name _____	Project Number PN: ____ - ____ - ____ - ____ - ____
--	---

Check below to indicate if this is an initial or an amended cash request for this project period ____ - ____.

Initial request Amended request

Amount of cash requested for disbursements to be made in:

July.....\$ _____	March\$ _____
August.....\$ _____	April\$ _____
September\$ _____	May\$ _____
October\$ _____	June\$ _____
November\$ _____	July.....\$ _____
December\$ _____	August.....\$ _____
January\$ _____	September.....\$ _____
February.....\$ _____	
TOTAL.....\$ _____	

I certify that the amount of the monthly cash requested above is a reasonable estimate of the minimum amount needed in each month to carry out the purpose of this project.

Authorized Representative	Signature: _____ Date: _____
----------------------------------	------------------------------

Clerk/Business Official	Signature: _____ Phone: _____
--------------------------------	-------------------------------

FOR OPI USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recorded Signature: _____ Date: _____ <div style="text-align: center;">OPI Program Accountant</div>
-------------------------	--