

PMS 272-A

FISHER COLLEGE

PIN: 9999 EIN: 999999999A9
ACH-PAY REGION: 05 STATE: MD

FEDERAL CASH TRANSACTION REPORT

PAGE 2
ED - PMS

PERIOD COVERED BY THIS REPORT:
01/01/97 - 03/31/98
GENERAL ACCOUNT

REPORT "LINE" "ITEM"	FEDERAL GRANT OR OTHER "IDENTIFICATION"	RECIP A/C OR OTHER ID NO	AUTHORIZED "AMOUNT"	"FEDERAL SHARE OF NET DISBURSEMENTS" CUM THRU 12/31/97 "CUM THRU 03/31/98"	
	"(a)"	"(b)"	"(c)"	"(d)"	"(e)"
0001	E-P063P00859 P063P00859 P063P00859	PELL 96/97 ON 01/13/98 ON 03/18/98	4,083,117.00 \$ 87,402.00 \$ 1,321,825.00	2,725,222.00	1
0002	E-P038A00459	PERKINS 96/97	69,757.00	69,757.00	2
0003	E-P033A00459	FWS 96/97	428,760.00	211,200.00	3
0004	E-P007A00459	FSEOG 96/97	273,542.00	136,743.00	4
	SUB-TOTAL		4,855,176.00	3,142,922.00	5

PLEASE ENTER DOCUMENTS MISSING FROM ABOVE (COPY OF AWARD DOCUMENT MUST BE ATTACHED):

TOTALS	6	7	8
NET DISBURSEMENTS (column e minus column d) MUST CORRESPOND WITH AMOUNT SHOWN ON PMS 272 LINE 4			

PMS 272

FEDERAL CASH TRANSACTIONS REPORT
STATUS OF FEDERAL CASH

PAGE 1
OMB NO. 1880-0172
(APPROVAL THROUGH 07/31/88)

US 11 US11X 1111

FISHER COLLEGE
1600 MAIN STREET
ANYTOWN MD 208523999
PIN: 9999 PAN: 9999G EIN: 999999999949
ACH-PAY REGION: 05 STATE: MD

PERIOD COVERED BY THIS REPORT:
01/01/98 - 03/31/98
USER CODE: F31
GENERAL ACCOUNT

1. CASH ON HAND BEGINNING OF REPORTING PERIOD
2. TOTAL RECEIPTS (SEE STATEMENT OF CASH ACCOUNTABILITY FOR DETAILS)

\$ 41,778.00
+ 1,052,500.00

3. TOTAL CASH AVAILABLE

\$ 1,094,278.00

4. NET DISBURSEMENTS (FROM PMS 272-A)

①

5. ADJUSTMENTS OF PRIOR PERIODS (SEE STATEMENT OF CASH ACCOUNTABILITY FOR DETAILS)

+ 0.00

6. CASH ON HAND END OF PERIOD (line 3, less line 4, plus or minus line 5)

②

7. THE AMOUNT SHOWN ON LINE 6, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING _____ DAYS
(NUMBER)

OTHER INFORMATION

8. INTEREST INCOME

\$

9. ADVANCES TO SUBGRANTEES OR SUBCONTRACTORS

\$

AUTHORIZED CERTIFYING OFFICIAL

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITIONS OF THE GRANT OR AGREEMENT.

SIGNATURE _____ DATE REPORT SUBMITTED _____

TYPED OR PRINTED NAME AND TITLE _____

TELEPHONE: (Area Code) _____ (Number) _____ (Extension) _____

* * * * *
* The PMS contact point who is responsible for your account is
* BAHAA SABBAGH, or staff at: (202) 401-5443,
* account representative code: 65
* RETURN THE COMPLETED REPORT TO:
* DEPARTMENT OF EDUCATION
* FINANCIAL SERVICES
* FINANCIAL PAYMENTS GROUP
* CUSTOMER ASSISTANCE/ACCOUNTABILITY GROUP
* 600 INDEPENDENCE AVENUE, S.W.
* WASHINGTON, DC. 20202-4331
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