

REQUEST FOR ADVANCE OR REIMBURSEMENT		OMB APPROVAL NO. 0348-0004		Page 1 of 1
Bulk Fuel Consolidation Upgrades & Power Generation		1 TYPE OF PAYMENT REQUESTED	a. "x" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH
			b. "x" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	<input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Denali Commission		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0048-DC-2002-11		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 2
6. EMPLOYER IDENTIFICATION NUMBER 92-6001185	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER AR55123-03 AR32624-05 AR32625-05	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year) 6/11/2002	TO (month, day, year) 6/30/2002	
9. RECIPIENT ORGANIZATION Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, AK 99503		10. PAYEE (Where check is to be sent is different than item 9)		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS / FUNCTIONS / ACTIVITIES	(a) BULK FUEL	(b) RPSU	(c) OTHER	TOTAL
a. Total program (As of date) outlays to date 6/30/2002	18,843,748.33	5,502,520.05	715,120.25	25,061,388.63
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	18,843,748.33	5,502,520.05	715,120.25	25,061,388.63
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	18,843,748.33	5,502,520.05	715,120.25	25,061,388.63
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	18,843,748.33	5,502,520.05	715,120.25	25,061,388.63
h. Federal payments previously requested	17,564,614.91	5,234,053.93	708,213.22	23,506,882.06
i. Federal share now requested (Line g minus line h)	1,279,133.42	268,466.12	6,907.03	1,554,506.57
j. Advances required by month, when requested 1st month by Federal grantor agency for use in making prescheduled advances 2nd month 3rd month				
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)				
13. CERTIFICATION				
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agree- ment and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED 07/24/02	
	TYPED OR PRINTED NAME AND TITLE Christel Petty Accountant II		TELEPHONE (AREA CODE, NUMBER, EXTENSION) (907) 269-3014	
This space for agency use				

STANDARD FOR 270 (7-97)
Prescribed by OMB Circulars A-102 and A-110