OMB Form 0412-0542 AID-1558-2 (exp: 09/30/2004)

1. HSH-G-00-__-_____ (ASHA ____-___)

2. FEDERAL AGENCY TO WHICH REPORT IS SUBMITTED:
USAID/BHR/ASHA

3. EMPLOYER IDENTIFICATION NUMBER
04-3315141

4. RECIPIENT ACCOUNT or ID NUMBER

5. TYPE OF PAYMENT REQUESTED

a. *(circle one)* ADVANCE / REIMBURSEMENT

b. *(circle one)* FINAL / PARTIAL

6. PERIOD COVERED BY THIS REQUEST
from 10/01/03 to 12/31/03

7. RECIPIENT ORGANIZATION

Name: Angola Educational Assistance Fund

Number, street, suite: 88 Black Falcon Ave Suite 342

City, State, ZIP: Boston, MA 02210

8. PAYEE *(where check is to be sent)*

Bank Name: Citizens Bank

Account number: 1107419155

ABA number: 011500120

Address (number, street, suite): 1 Citizens Place

City, State, ZIP: Providence, RI 02901

9. COMPUTATION OF AMOUNT OF EITHER REIMBURSEMENTS OR ADVANCES REQUESTED

PROGRAMS / FUNCTIONS / ACTIVITIES	(A) professional A&E services	(B) construction services	(C) renovation	(D) durable commodities	(E) vehicles and rolling stock	(F) program support	
a. Total program outlays as of 12/31/03	64,034			229		11,654	75,917
b. Program income credits (pro-rated from form 269.S)	—			—		—	—
c. Net program outlays (9.a - 9.b)	64,034			229		11,654	75,917
d. Estimated net cash outlays for advance period	—			—		—	—
e. Total (9.c + 9.d)	64,034			229		11,654	75,917
f. Non-federal share of block 9.e	—			—		—	—
g. Federal share of block 9.e	64,034			229		11,654	75,917
h. Federal payments previously requested	—			—		—	—
i. Federal share now requested (9.g - 9.h)	64,034			229		11,654	75,917

Administrative Approval (USAID/ASHA)

I have reviewed this voucher. Based on its documentation and my personal knowledge of the project, the voucher is administratively approved by this office and subject to the financial review of the paying officer.

(signed) *(date)*

10. CERTIFICATION

I certify, to the best of my knowledge and belief, that the data above 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 of authorized certifying official for the Grantee)

___/___/_____ (___) ___-____

(date submitted) *(telephone)* *(typed or printed name and title)*

11. BASIS OF REQUEST
CASH

12. PARTIAL PAYMENT REQUEST No. _____