



**AMERICAN INTERNATIONAL HEALTH ALLIANCE  
REQUEST FOR SUBAWARD ADVANCE**

Partnership: _____	Today's Date: _____
Payee: _____	US Partner Contact: _____
Address: _____	Signature

<b>Amount Requested:</b> _____
Project Code: _____

<b><u>Program Approval</u></b>	
Signature _____	Date _____

**US Partner Acknowledgement - Please sign and return to your AIHA Accountant upon check receipt**

Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**I acknowledge receipt of funds from AIHA. I understand that these funds should be used towards expenditures incurred within the Subaward budget and that additional advance of funds requests will not be granted until these outstanding funds are accounted for with required monthly financial reports.**

\_\_\_\_\_  
Signature of Recipient

\* Please note, the standard processing time for subaward advances is 30 days.