



Mississippi Library Commission
FY2024 LSTA REIMBURSEMENT REQUEST



Section 1 - SUBGRANT INFORMATION

Subgrantee:

Address:

City:

State:

Zip:

Project Title:

Project Number:

Grant Category:

See Subgrant Agreement

LSTA Award Amount

Local Cash Match

Total Project Cost

Request Number

(enter FINAL if last request)

Section 2 - PROJECT BUDGET

<u>Budget Category</u>	<u>Budgeted Amount</u> ^A	<u>Prior Expenses</u> ^B	<u>Current Expenses</u> ^C	<u>Total Expenses</u> ^D	<u>Remaining Budget</u> ^E
Consulting Fees					
Services/Contractual					
Equipment					
Supplies/Materials (Small Equipment)					
TOTALS					

LSTA Funding

Section 3 - Funds Summary

Requested Amount

Total LSTA Funds Requested

Total Remaining LSTA Funds

Total Local Funds Spent

CERTIFICATION - SUBGRANTEE: I certify to the best of my knowledge and belief, the data above is correct and that outlays were made in accordance with grant conditions or other agreements and payment is due and had not been previously requested nor is this request in access of disbursement needs.

Signature of Project Director

Date

AUTHORIZATION FOR PAYMENT - MLC: I hereby certify that the above payment has been verified and is due, correct and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All supporting documentation associated with this request is maintained at the agency.

Signature of Certifying MLC Staff

Date