



Mississippi Library Commission  
**FY 2024 LSTA REIMBURSEMENT REQUEST**  
PROFESSIONAL DEVELOPMENT SUBGRANT

Request Number   
(enter FINAL if last request)

**Section 1 - SUBGRANT INFORMATION**

Subgrantee:	<input type="text"/>			See Subgrant Agreement
Address:	<input type="text"/>	State:	<input type="text"/>	LSTA Award Amount <input type="text"/>
City:	<input type="text"/>	Zip Code	<input type="text"/>	Total Project Cost <input type="text"/>
Project Title:	<input type="text"/>			
Project Number:	<input type="text"/>	Grant Category:	<input type="text"/>	

**Section 2 - COMPUTATION FOR REIMBURSEMENT**

Eligible Expenses (required worksheets are provided to assist)	Prior Expenses	Current Expenses	Total Expenses
Registration or Tuition (registration form and agenda required)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract Trainer Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel (within continental U.S. )			
Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lodging	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals - Staff Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals - In-House Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (must be necessary, related to training, and justified)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTALS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Click here to go to the DFA Travel web page to view the current state mileage and meal rates.](#)

**Section 3 - LSTA REIMBURSEMENT REQUEST**

Request Amount	<input type="text"/>
Total Reimbursements Requested Amount	<input type="text"/>
Remaining LSTA Project Funds	<input type="text"/>
Local Funds Spent	<input type="text"/>

**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 excess 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 requirement governing this payment. All supporting documentation associated with this request is maintained at the agency.

\_\_\_\_\_  
Signature of Certifying MLC Staff

\_\_\_\_\_  
Date