



Mississippi Library Commission
FY2025 LSTA REIMBURSEMENT REQUEST
PROFESSIONAL DEVELOPMENT SUBGRANT

Request Number
(enter **FINAL** if last request)

Section 1 - SUBGRANT INFORMATION

Subgrantee:

Address: State:

City: Zip Code:

Project Title:

Project Number: Grant Category:

See Subgrant Agreement

LSTA Award Amount

Total Project Cost

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"/> |
| TOTALS | <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

Total Reimbursements Requested Amount

Remaining LSTA Project Funds

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 or 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