



Mississippi Library Commission  
**LSTA REIMBURSEMENT REQUEST**  
Public Librarian Scholarship Program



**Section 1 - SUBGRANTEE INFORMATION**

Recipient's Name:

Address:

City/State/Zip:

**Section 2 - SUBGRANT INFORMATION**

Fiscal Year:  Request Number   
(enter FINAL if last request)

Category:

Project Number:

Title:

Total Hours Needed  Hours Completed  Hours Remaining

**Section 3 - PROJECT REIMBURSEMENT COMPUTATION**

Budget Category	Prior Expenses	Current Tuition Amount	Total Expended Tuition
Tuition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals/Award:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 4 - PROJECT REIMBURSEMENT REQUEST**

Reimbursement Request Amount

**Section 5 - CERTIFICATION AND AUTHORIZATION**

**CERTIFICATION - SUBGRANTEE:** I certify to the best of my knowledge and belief that the information provided herein is true, complete, accurate, 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. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to termination of the contract associated with this program and violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

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

\_\_\_\_\_  
Date

**AUTHORIZATION FOR PAYMENT - MLC:**

I hereby acknowledge 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 Authorizing MLC Staff

\_\_\_\_\_  
Date