



Mississippi Library Commission
FY2027 LSTA REIMBURSEMENT REQUEST



Section 1 - SUBGRANT INFORMATION

Subgrantee:

Address:

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

City:

State: Zip:

LSTA Award Amount

Project Title:

Project Number:

Grant Category:

Section 2 - PROJECT BUDGET

Budget Category	Budgeted Amount ^A	Prior Expenses ^B	Current Expenses ^C	Total Expenses ^D	Remaining Budget ^E
Consulting Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Services/Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment (Over \$10,000)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies/Materials (Small Equipment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LSTA Funding

Section 3 - LSTA REIMBURSEMENT REQUEST

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 that the information provided herein is true, complete, accurate, and that outlays were made in accordance with the grant agreement 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 violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812

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 Library System Director

 Signature of Certifying MLC Staff

 Date

 Date