



**Mississippi Library Commission
FY2027 LSTA REIMBURSEMENT REQUEST
PROFESSIONAL DEVELOPMENT SUBGRANT**

Section 1 - SUBGRANT INFORMATION

Subgrantee:

Address: State: Request Number
 (enter **FINAL** if last request)

City: Zip Code LSTA Award Amount

Project Title:

Project Number: Grant Category:

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	<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 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 requirement 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