



**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, 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 of disbursement needs.

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