

INSTRUCTIONS – Request for Reimbursement

Grant Agreement # - This number appears on page 1 in the upper right corner of your grant agreement.

Library Name - The name of the library awarded the grant.

Report prepared by & Phone # - Fill in the name of the person completing this report and the phone number where they can be reached to answer possible questions.

This report claims reimbursement for expenditures from - Complete with the beginning and ending date of the first and last expenditure for which you are seeking reimbursement.

Pay To - Complete this section with library name and complete address where the reimbursement is to be sent.

Federal Tax ID Number - The State computer system is set up on Federal ID numbers. Please include for ease of identification.

1. **Grant Award Amount** - Refer to page 1 of your grant agreement under number 2.
2. **Amount requested for this payment** - This amount should equal the total grant amount itemized on your **LSTA Financial Report**.
3. **Total of prior claims for this grant** - This amount is the total of all reimbursements requested from this grant award prior to this date. It does not include this request.
4. **Total amount claimed to date** - This is the sum of **Amount requested for this payment** (item b.) and **Total of prior claims for this grant** (item c.).
5. **Balance of Grant Funds remaining** - The **Grant Award Amount** (item a.) minus **The amount claimed to date** (item d.)

The certification must be signed by the librarian or authorized grant contact person before payment can be made. An original signature is required. Photocopied and faxed forms will not be accepted.

Attach your LSTA Financial Report for the period. If you have any questions about how to fill out the **Request for Reimbursement** or the **LSTA Financial Report**, please call your library consultant or the grants officer at the Commission for Libraries.