

2009 LSTA REIMBURSEMENT REQUEST

Send to: Nevada State Library and Archives
Attn: LSTA Program
100 North Stewart Street
Carson City, NV 89701-4285

Sub-grantee

Mailing Address

City State Zip

Telephone

Fiscal Agent (ie City/County office)

Street Address

City State Zip

2009-_____	
Project Number	Federal Employer #
\$ _____	\$ _____
Award Amount	Amount Requested
Is the Invoice Summary included? _____	
Is this your final reimbursement request?	
Yes _____	No _____

I have reviewed all documents included with this Reimbursement Request and certify that they are accurate and for activities approved in the sub-grant application.

Signature: Fiscal Agent

Signature: Sub-grant Administrator

Type Name/Title

Type Name/Title

Date Submitted: _____

LPD Staff Only	
Amount approved: \$ _____	Date: _____
Request approved by: _____	_____
_____	_____