

SAMPLE INVOICE

LSTA Grant Reimbursement Invoice

**► NEEDS TO BE SUBMITTED ON YOUR ◀
LIBRARY SYSTEM'S LETTERHEAD**

LSTA GRANT REIMBURSEMENT INVOICE

Contact Person: _____

Contact Person E-mail: _____

Grant Number: 21930<Library Identifier Number>-13100-61000-115-753107. Library Identifier Number is the second series of numbers from your grant number on the grant agreement. Begins with 900...

Grant Number: _____

FEIN: _____

VENDOR	DESCRIPTION	TOTAL COST

Amount requested for Materials: not to exceed grant total \$ _____

Amount requested for Services: not to exceed grant total \$ _____

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT: \$ _____

I, the undersigned, am requesting reimbursement for authorized LSTA expenditures. The items/services have been received and have been paid from non-LSTA sources. I certify that all items/services purchased under this grant met the requirements of the Library Services and Technology Act.

Director's Name: _____

Director's Signature: _____

Date: _____

RETURN TO SUSAN ROBERTS, 1800 CENTURY PLACE, SUITE 150, ATLANTA, GA 30345