

**Request for Reimbursement
SFY2015**

Submit this completed form and supporting documents by email attachment to shayes@tsl.state.tx.us and grants.accounting@tsl.texas.gov or fax to 512-936-2306. All reimbursement requests must be received by TSLAC no later than September 30, 2015.

LIBRARY NAME AND PAYMENT INFORMATION

Library Name _____

Sub-award Number (to be provided by TSLAC) _____

Period covered by request: September 1, 2014 – August 31, 2015

Reimbursement to be paid to:

Legal Entity Name _____

Legal Entity Remittance Address, City, Zip

Contact Name: _____

E-Mail Address: _____ Telephone (_____) _____

FEL/EINS _____

REIMBURSEMENT

Total reimbursement amount requested: _____

NOTE: Submit itemized list of expenditures as well as supporting documentation with this request form.

CERTIFICATION

I certify, to the best of my knowledge, the above information and attached documents are correct.

Fiscal agent of legal entity (signature) _____

Printed Name and Title _____

Date _____

For internal use only: FAIN: LS-00-14-0044-14 - CFDA Number: 45.310
Program Manager Approval/Date

Accounting Approval/Date

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