TEXAS STATE LIBRARY AND ARCHIVES COMMISSION
COMPETITIVE GRANTS

ATTACHMENT A: ATTACHMENT TO THE REQUEST FOR FUNDS FORM

Grant Number:	Period covered by this request:	to	RFF#	Page Number: 1 of

List all expenditures to be reimbursed by this Request (use dollars and cents); total charged to TSLAC must equal total amount on the Request For Funds form. Budget Category totals must also match theBudget Category totals on the RFF.

**********Attach one copy of supporting documentation for the amount to be paid by TSLAC.********

A	B	C	D	E	F
TSLAC Budget Category (ex: d)	**If Encumbrance** enter P.O. Number or Requisition Number	**If Actual Expenditure** Enter Invoice Number	**Vendor Name** (Text does not wrap in cells below.)	**Item Description** (Text does not wrap in cells below.)	**Amount Charged to TSLAC**
Grand Total only shows on first page				**TOTAL FOR THIS PAGE**	**$0.00**
				GRAND TOTAL	**$0.00**