



Texas State Library FY2015 Interlibrary Loan Lending Reimbursement Program

Timeline and Documentation Overview

Sara Hayes
August 20, 2015



ILL Lending Reimbursement Program

- Sub awards (or pass through awards) funded by the Texas State Library and Archives Commission (TSLAC) with Institute of Museum and Library Services (IMLS) funds through the Library Services and Technology Act (LSTA)
- Developed to offset out of pocket costs associated with participating in statewide interlibrary loan
- Based on the number of lends a library provides to Texas public libraries through Navigator, available funds, and actual costs incurred
- Dispersed annually, typically in late fall



Program Checklist

- Submit Participation Agreement form – March 2015
- Collect Documentation - ongoing
- Read email from TSLAC sent by mid-September
 - Reimbursement amount your library is eligible to request
 - Sub Award number
- Enter information from receipts/invoices in the Expenditure Documentation form – ongoing
- Complete Request for Reimbursement form using the email from TSLAC and Expenditure Documentation form
- Submit to TSLAC via email or fax by **September 30, 2015:**
 1. Request for reimbursement form
 2. Expenditure documentation form
 3. Copies of supporting documentation
- Receive confirmation email from TSLAC
- Payments dispersed in early December



Submit Participation Agreement form

INTERLIBRARY LOAN REIMBURSEMENT PROGRAM PARTICIPATION AGREEMENT

Name of Library _____

Library Contact Person _____

Email address _____

Telephone number _____

Library's Legal Entity _____

Legal Entity's DUNS number _____ SAM expiration date ____/____/____

Legal Entity's TIN# _____

The library and legal entity agree to the attached LLA Terms & Conditions.
AND

The library will submit Reimbursement request form with supporting documentation of direct costs associated with the state's interlibrary loan program to the TSLAC by September 30, 2015.

OR

The library declines to participate in the SFY2015 Interlibrary Loan Lending Reimbursement Program.

CERTIFICATION: To the best of my knowledge and belief, data provided is true and correct. I am responsible for ensuring that this process meets my local purchasing requirements.

Name & Title of Authorized Representative*

Signature _____ Date _____

**Must be an individual authorized to enter into contracts on behalf of the library's legal entity*

Program Deadlines:

- Participation agreements must be submitted on or before March 31, 2015
- Reimbursement Request Form, Documentation Form, and supporting documentation due to TSLAC by September 30, 2015
- Supporting documentation submitted after September 30, 2015, will not be reimbursed.

Return this form to: Sara Hayes, Interlibrary Loan Program Coordinator
By email: shaves@tsl.texas.gov
or
By fax: 512-936-2306

ILL REIMBURSEMENT PROGRAM FADN: LS-00-14-0044-14
CFDA Number: 45.310

Submitted!



Collect Documentation – ongoing

- Courier invoices*
- OCLC invoices*
- Postage receipts – USPS/UPS
- Postal meter reports
- NCIP maintenance invoices
- Staff time (timesheets and payroll)

Circle the amount on the receipts/registers you will be requesting and then document that amount on the Expenditure Documentation spreadsheet.



Read email sent from TSLAC in mid-September

The email will include:

- The reimbursement amount your library is eligible to request based on the number of lends your library provided
- Your library's Sub-award number

From: shayes@tsl.texas.gov

*Based on available funds and the number of lends **your library** provided through Navigator (**100**), your library is eligible to request an ILL lending reimbursement of **\$XXX.XX**. Please include this sub-award number on your request form: **715-15-xxx**.*



Complete Expenditure Documentation Form

- ongoing

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	ATTACHMENT A: ATTACHMENT TO THE REQUEST FOR ILL REIMBURSEMENT FUNDS FORM												
3	Library Name:				Legal Entity				Page 1 of				
4	Subaward Number:												
5	List all expenditures to be reimbursed under this Request (use dollars and cents); total on this form MUST equal total amount on the Reimbursement form and be supported by receipts and proof of payment by requesting entity.												
6	*****Attach one copy of supporting documentation for each amount to be paid by TSLAC.*****												
8	A	B	C	D			E				F		
9	TSLAC USE ONLY	Invoice Number	Date Invoice Paid	Vendor Name			Item Description				Reimbursement Amount		
				(Text does not wrap in cells below.)			(Text does not wrap in cells below.)						
1	All information highlighted in Yellow will need to be completed												
5	Gather together all of your invoices, receipts, and personnel information, including time cards. Use the information from these documents to complete the Attachment A information												
9	Top Rows (Row #3 & #4)												
10	Enter your library name and your legal entity												
11	Enter the subaward number provided by the Texas State Library and Archives Commission												
13	Main body of Attachment A - Complete the following												
15	Column B: If claiming an entire invoice, enter invoice number												
16	Column C: Date invoice or receipt was paid; for personnel, list the pay period												
17	Column D: Vendor name as listed on invoice or receipt												
18	Column E: Item Description: brief description of item purchased; for personnel, list the name of the payee												
19	Column F: Reimbursement amount: enter the amount to be reimbursed. If a partial amount of an invoice or receipt is being reimbursed, circle the amounts on the receipt that total to the amount entered here.												
22	Note: The Total fields will automatically total for each page and for the grand total.												
24	After double checking your entries and totals, scan the document and email or fax the completed Expenditure Documentation Form (Attachment A form) along with the Request for Reimbursement form and supporting documentation (receipts, etc.) to both Sara Hayes at shayes@tsl.texas.gov and Tamra Lavin at grants.accounting@tsl.texas.gov .												
31	n first page										TOTAL FOR THIS PAGE		\$0.00
32	GRAND TOTAL										\$0.00		



=====

AUSTIN DOWNTOWN STA
823 SOUTH CONGRESS AVE
AUSTIN, TX 78701-9998

02/20/2015 01:18:03 PM

=====

Product Description	Sale Qty	Unit Price	Final Price
---------------------	----------	------------	-------------

Forever® Postage	10	\$.49	\$4.90
------------------	----	--------	--------

Total: \$4.90

Paid by: DebitCard \$4.90

Account #: XXXXXXXXXXXX1979

Approval #: 358369

Transaction #: 044

23-902480102-99

Receipt #: 146857

SSK Transaction #: 10

USPS® #: 480403-9554

Thanks.
It's a pleasure to serve you.

ALL SALES FINAL ON STAMPS AND POSTAGE.
REFUNDS FOR GUARANTEED SERVICES ONLY.

ATTACHMENT A: ATTACHMENT TO THE REQUEST FOR ILL REIMBURSEMENT FUNDS FORM					
Library Name:	Bluebonnet Public Library	Legal Entity	City of Bluebonnet	Page 1 of	1
Subaward Number:	715-15-555				
List all expenditures to be reimbursed under this Request (use dollars and cents); total on this form MUST equal total amount on the Reimbursement form and be supported by receipts and proof of payment by requesting entity.					
*****Attach one copy of supporting documentation for each amount to be paid by TSLAC.*****					
A	B	C	D	E	F
TSLAC USE ONLY	Invoice Number	Date Invoice Paid	Vendor Name (Text does not wrap in cells below.)	Item Description (Text does not wrap in cells below.)	Reimbursement Amount
		4/11/2017	Jacques Rivard	Jacques Rivard	\$243.81
		2/20/2015	USPS	Postage	\$4.90
	259152	2/2/2015	Amigos Library Service	Courier	\$10,147.15
Grand Total only shows on first page				TOTAL FOR THIS PAGE	\$10,395.86
				GRAND TOTAL	\$10,395.86



A	B	C	D	E	F	G	H	I	J	K	L	M
ATTACHMENT A: ATTACHMENT TO THE REQUEST FOR ILL REIMBURSEMENT FUNDS FORM												
Library Name:			Bluebonnet Public Library			Legal Entity		City of Bluebonnet			Page 1 of 1	
Subaward Number:			715-15-555									
List all expenditures to be reimbursed under this Request (use dollars and cents); total on this form MUST equal total amount on the Reimbursement form and be supported by receipts and proof of payment by requesting entity.												
*****Attach one copy of supporting documentation for each amount to be paid by TSLAC.*****												
A	B	C	D	E	F							
TSLAC USE ONLY	Invoice Number	Date Invoice Paid	Vendor Name	Item Description	Reimbursement Amount							
			(Text does not wrap in cells below.)	(Text does not wrap in cells below.)								
		4/11/2017	Jacques Rivard	Jacques Rivard	\$243.81							
		2/20/2015	USPS	Postage	\$4.90							
	259152	2/2/2015	Amigos Library Service	Courier	\$10,147.15							
					TOTAL FOR THIS PAGE	\$10,395.86						
					GRAND TOTAL	\$10,395.86						

Total only shows on first page

Amigos Library Services
14400 Midway Road
Dallas, TX 75244
UNITED STATES OF AMERICA
(800)-843-0462
TX, VENDOR I.D. # 75-1627097
F.I.N # 75-1627097

INVOICE NO 259152
DATE 12/31/2014
YOUR ORDER NO 306-15-8068
PAGE 1

Please Remit To:
P.O. Box 678113
Dallas, TX 75267-8113

TERMS: NET 30

93650176

RECEIVED
JAN 15 2015
ACCOUNTING

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
TAE Trans-Amigos Express Courier December 2014	1.0000	10,147.1500	10,147.15

SALES TAX 0.00
FREIGHT 0.00
TOTAL DUE 10,147.15

Play by credit card.

August 20, 2015



A	B	C	D	E	F	G	H	I	J	K	L	M
ATTACHMENT A: ATTACHMENT TO THE REQUEST FOR ILL REIMBURSEMENT FUNDS FORM												
Library Name:	Bluebonnet Public Library				Legal Entity:	City of Bluebonnet			Page 1 of	1		
Subaward Number:	715-15-555											
List all expenditures to be reimbursed under this Request (use dollars and cents); total on this form MUST equal total amount on the Reimbursement form and be supported by receipts and proof of payment by requesting entity.												
*****Attach one copy of supporting documentation for each amount to be paid by TSLAC.*****												
TSLAC USE ONLY	Invoice Number	Date Invoice Paid	Vendor Name		Item Description				Reimbursement Amount			
			(Text does not wrap in cells below.)		(Text does not wrap in cells below.)							
		4/11/2017	Jacques Rivard		Jacques Rivard				\$243.81			
		2/20/2015	USPS		Postage				\$4.90			
	259152	2/2/2015	Amigos Library Service		Courier				\$10,147.15			

Employee LSTA Grant Timecard

Employee Name: Jacques Rivard E-mail: Jrivard@me.com
 Manager: John Q. Public Phone: 512-555-1234

Year to date totals:

Fed hrs:	8.00	Non-Fed hrs:	32.00	Total:	40.00
Percentage:	20%		80%		100%

September, October, November Employee Timecard: Daily, Weekly, Monthly, Yearly

September	Week 1 Fed	Week 1 Non-Fed	Week 2 Fed	Week 2 Non-Fed	Week 3 Fed	Week 3 Non-Fed	Week 4 Fed	Week 4 Non-Fed	Week 5 Fed	Week 5 Non-Fed
Sunday										
Monday	2.00	6.00								
Tuesday	1.00	7.00								
Wednesday	1.00	7.00								
Thursday	3.00	5.00								
Friday	1.00	7.00								
Saturday										
Total weekly hours	8.00	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number	Name	Hours	Wages	Benefits	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Mag
7701	Anthony Holiday	0.80	9.00	116.69	10.08	8.26	1.82		171483	N
7702	Derrick, Leslie	0.80	9.88	46.90	11.16	8.39	19.55		171491	N
7703	Bellas, Debbie	80.00	2,038.46	583.05	2,038.46	101.92	465.37	1,471.17	171504	N
7704	Burand, Jacques	80.00	1,789.52	139.96	1,789.52	91.04	509.98	1,288.50	9216	Y GTN
7704	Rivard, Jacques	80.00	1,692.31	139.79	1,692.31	63.12	410.12	1,219.07	171512	N
7775	Berney, Sandy L.	80.00	2,615.38	490.39	2,955.38	143.12	927.76	1,884.50	171521	N
7776	Guevre, John M.	80.00	1,361.54	315.78	1,538.54	66.81	322.84	1,148.89	171539	N
7777	Bureau, Richard M.	80.00	1,826.92	403.80	2,064.42	103.70	513.65	1,447.07	171547	N
7778	Klassen, Lisa M.	80.00	1,591.35	370.65	1,798.23	107.63	407.85	1,282.55	171555	N

20% * 1219.07 = 243.81



Staff time documentation

OPTIONAL

Full Time Staff

- Certification of hours worked
- Copies of paychecks/Payroll registers
(Name included, personally-identifiable information redacted)

Partial Staff Time

- Signed time sheets with ILL activity broken out
- Copies of paychecks/Payroll registers
(Name included, personally-identifiable information redacted)



Expenditure Documentation

Payroll – Not Full-time ILL Staff

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Employee LSTA Grant Timecard												
2													
3	Employee Name: Jacques Rivard			E-mail: Jrivard@me.com			Year to date totals:						
4	Manager: John Q. Public			Phone: 512-555-1234			Fed hrs: 8.00		Non-Fed hrs: 32.00		Total: 40.00		
5	** Only record hours worked												
6													
7	September, October, November Employee Timecard: Daily, Weekly, Monthly, Yearly												
8	September	Week 1 Fed	Week 1 Non-Fed	Week 2 Fed	Week 2 Non-Fed	Week 3 Fed	Week 3 Non-Fed	Week 4 Fed	Week 4 Non-Fed	Week 5 Fed	Week 5 Non		
9	Sunday												
10	Monday	2.00	6.00										
11	Tuesday	1.00	7.00										
12	Wednesday	1.00	7.00										
13	Thursday	3.00	5.00										
14	Friday	1.00	7.00										
15	Saturday												
16	Total weekly hours	8.00	32.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

063013		JD Edwards World								Page - 1	
		Summary Payroll Register								Date - 6/25/17	
										Period - 04/11/17	
										Payroll ID - 002	
Company - Home 00077		A Model Canadian Payroll Co									
Home Bus. Unit 707		Corporate Administration									
EMPLOYEE											
Number	Name	Hours	Wages	Benefits	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg	
7701	Anthony Holiday	0.80	9.00	116.69	10.08	8.26	1.82		171483	N	
7702	Derrick, Leslie	0.80	9.88	46.90	11.16	8.39	19.55		171491	N	
7703	Bellas, Debbie	80.00	2,038.46	583.05	2,038.46	101.92	465.37	1,471.17	171504	N	
7704	Rivard, Jacques	80.00	1,789.52	138.96	1,789.52	91.04	509.98	1,219.07	9216	Y GTN	
7704	Rivard, Jacques	80.00	1,692.31	139.79	1,692.31	63.12	410.12	1,219.07	171512	N	
7776	Bevany, Sandy L.	80.00	2,615.38	490.39	2,955.38	143.12	927.76	1,984.50	171521	N	
7776	Guerre, John M.	80.00	1,361.54	315.78	1,538.54	66.81	322.84	1,148.89	171539	N	
7777	Bureau, Richard M.	80.00	1,826.92	403.80	2,064.42	103.70	513.65	1,447.07	171547	N	
7778	Klassen, Lisa M.	80.00	1,591.35	370.65	1,798.23	107.83	407.85	1,282.55	171555	N	

20% * 1219.07 = 243.81



Complete Request for Reimbursement Form

A program of the Texas State Library and Archives Commission

Interlibrary Loan Lending Reimbursement Program

Questions? shaves@tsl.texas.gov or 512-463-5406

Request for Reimbursement SFY2015

Submit this completed form and supporting documents by email attachment to shaves@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 (____) _____

FBI/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 _____ Index/COBJ _____



Complete Request for Reimbursement Form

A program of the Texas State Library and Archives Commission

Interlibrary Loan Lending Reimbursement Program

Questions? shaves@tsl.texas.gov or 512-463-5406

Request for Reimbursement SFY2015

Submit this completed form and supporting documents by email attachment to shaves@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-00-14-0044-1111 CFDA Number: 45.310
Program Manager Approval/Date _____ Accounting Approval/Date _____ Index/COBJ _____



Complete Request for Reimbursement Form

A program of the Texas State Library and Archives Commission

Interlibrary Loan Lending Reimbursement Program

Questions? shaves@tsl.texas.gov or 512-463-5406

Request for Reimbursement SFY2015

Submit this completed form and supporting documents by email attachment to shaves@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 _____ Index/COBJ _____

August 20, 2015



Complete Request for Reimbursement Form

A program of the
Texas State Library
and Archives
Commission

Interlibrary Loan Lending Reimbursement
Program

Questions?
shaves@tsl.texas.gov
or
512-463-3406

Request for Reimbursement SFY2015

Submit this completed form and supporting documents by email attachment to shaves@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 (____) _____

FEI/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 _____

Index/COBJ

August 20, 2015



Submit materials to:

Sara Hayes

shayes@tsl.texas.gov

fax: 512-936-2306

AND

Tamra Lavin

grants.accounting@tsl.texas.gov

fax: 512-475-0185



Receive confirmation email from TSLAC

We have received your documentation for the Texas State Library and Archives Commission's FY2015 ILL Lending Reimbursement Program and we do not need anything else at this time. Your reimbursement of \$XXX.XX will be dispersed...

OR

We have received your documentation for the Texas State Library and Archives Commission's FY2015 ILL Lending Reimbursement Program. In order to process your request, we do need some additional information...



Payment Dispersal

- Emails with final payment amounts and the dispersal date will be sent from the Texas State Library by late November/early December
- Payments will be made via direct deposit to your library's legal entity
- *State agency academic libraries, will receive payment via warrant or check
- Register for Advanced Payment Notification with the Texas Comptroller of Public Accounts:
<http://www.window.state.tx.us/directdep/paynotify.html>



Questions?

- Questions about the reimbursement program:
Sara Hayes at shayes@tsl.texas.gov
1-800-252-9386 or 1-512-463-5406
- For information and forms, see our website at:
<https://www.tsl.texas.gov/ld/ill2015>

Thank you!