

**WASHINGTON STATE LIBRARY
SUB-GRANT REIMBURSEMENT CLAIM FORM**

*Submit one original, along with one complete set of back-up documentation to:
LSTA Grants Program, Washington State Library, PO Box 2460, Olympia, WA 98504-2460.*

SubGrantee Organization Name _____

Mailing Address: _____

Sub-Grant Claim # _____
(#1, #2, #3, etc.)

Statewide Vendor # _____

#	BUDGET CATEGORY	Grant Total Awarded A.	All Prior Claims B.	This Claim C.	Grant Balance Remaining D.
1	All Staff Salary, Wages & Benefits	\$ _____	\$ _____	\$ _____	\$ _____
2	Contracts with Others	\$ _____	\$ _____	\$ _____	\$ _____
3	Travel and Training	\$ _____	\$ _____	\$ _____	\$ _____
4	Equipment under \$5,000	\$ _____	\$ _____	\$ _____	\$ _____
5	Equipment \$5,000 and over	\$ _____	\$ _____	\$ _____	\$ _____
6	Expendable Supplies or Materials	\$ _____	\$ _____	\$ _____	\$ _____
7	Other Itemized: _____	\$ _____	\$ _____	\$ _____	\$ _____
	TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

As the below designated agents, we are authorized by the applicant's governing body to obligate it to financial liabilities and are accountable for the integrity of the official accounting system and the financial statements that system provides. We declare that the necessary fiscal policies and procedures are followed to assure conformance with generally accepted audit standards and compliance with the pertinent Federal regulations (listed at 45 CFR 1183) and specifically with OMB Circular A-87, Cost Principles for State and Local Governments, OMB Circular A-122, Cost Principles for Private Non-profit Organizations, OMB Circular A-21, Cost Principles for Educational Institutions or 48CFR Part 31, Contract Cost Principles and Procedures, as applicable. This claim meets the contracted terms and conditions of the WSL federally funded agreement identified above.

(To be filled out by WSL)

WSL Approvals: Reimburse this claim

Reviewed by _____

Program Approval _____

Date _____

Program Index/Project Code _____

GRANTEE SIGNATORIES:

Project Manager: _____ Date _____

Fiscal Agent: _____ Date _____