



# GRANT REIMBURSEMENT REQUEST

NORTH DAKOTA STATE LIBRARY

SFN 54009 (7-2019)

For reimbursement requests, the State Library is required to have a current W-9 on file from the library requesting reimbursement.

You may request payments periodically or upon project completion. Attach copies of paid invoices or other proof of payment.

Name of Library	Mailing Address of Library		
Date of Request	Name of person making request		
Telephone Number of Requester	Email Address of Requester		
Name of Grant or Program		Date of Award (date on award letter received)	

Description of items included in this reimbursement request.			
LIST QUANTITY & ITEM(S) PURCHASED	DESCRIPTION OF ITEMS	REIMBURSEMENT REQUESTED	MATCHING FUNDS (If Relevant)
<b>(List each item on a separate line, or group like items on a line. Attach another sheet if needed.)</b>		<b>REIMBURSEMENT TOTAL REQUESTED</b>	<b>TOTAL MATCHING FUNDS (If Relevant)</b>

**I certify that this payment request covers items that were approved in the grant award.**

Project Director Signature (Fiscal Agent if Applicable)	Date
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**FOR NDSL OFFICE USE ONLY**

Date	Amount	Code	Initial for Authorization
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