



GRANT REIMBURSEMENT REQUEST

NORTH DAKOTA STATE LIBRARY

SFN 54009 (06-2023)

The State Library is required to have a current W-9 form on file from a library requesting reimbursement. You may request payments once per month or upon project completion for Library Vision grants. Attach copies of paid invoices or other proof of payment. For MLIS or Training grants, requests should be completed each semester, submitted with proof of payment and satisfactory completion of course requirements.

Name of Library or Award Recipient	Date of this Request
Name of Requester	Telephone Number of Requester
Email Address of Requester	Name of the Grant Awarded
Mailing Address	Date of Award Contract

Expenditure Classification	Total Contract Award Including Amendments (A)	Total Expenditures Previously Claimed (B)	Expenditures Claimed This Billing Period (C)	Cumulative Expenditures to Date (Columns B and C)
Materials				
Supplies				
Programs				
Other				
Totals				

Is this the final reimbursement request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I hereby certify that this request accurately reflects expenditures for services rendered in accordance with an agreement between the library or awardee and the North Dakota State Library. A typed signature is legally binding and equivalent to a handwritten/electronic signature.

Requester Signature	Date
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FOR NDSL OFFICE USE ONLY

Grants Coordinator	Date	Library Development Director	Date
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Due Date	Department ID	Account	Operation Unit	Class	Fund
Project ID	Activity ID	Resource Type	Resource Category	Amount	Initial