# **FLLS Family Literacy Mini-Grant Reimbursement Request**

|  |  |
| --- | --- |
| Date: |  |
| Contact name: |  |
| Contact email or phone: |  |
| Library: |  |

|  |  |
| --- | --- |
| Payable to: |  |
| Address: |  |

For reimbursement, please attach a copy of the relevant receipt(s).

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Item/description** | **Cost** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |
|  | Total for reimbursement:  (This cannot exceed your award amount) |  |

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Library approval Date

|  |  |
| --- | --- |
| For FLLS use only  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Services Librarian Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Manager Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Auditor Approval Date | Awarded:  Used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remains:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GL Account  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date entered |