Print Form

LSTA Payment Request Form - Attachment G

Grantee may request funds twice a month

Library Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Project Title: _____

Contract No: _____

Grant Round: ☐ Spring ☐ Fall Year: _____

Grant Type: ☐ Mini ☐ Regular ☐ Major

Project Costs:

Total LSTA Funds: _____

Total Cost Sharing (*local match or in-kind*): _____

Total Project Costs: _____

Project Director: _____

Phone: _____ Fax: _____

Email: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email: _____

Total LSTA Funds Requested to Date: _____

LSTA Funds Requested on this Form: _____

Advance Payment (*must be spent within 30 days*): _____

Attach copies of vendor invoices, purchase orders, time sheets, proof of salaries/benefits paid.
Verify that reimbursable and cost sharing funds were expended.

Send request to: Grants Coordinator
Utah State Library
250 North, 1950 West, Suite A
Salt Lake City, UT 84116-7901

For USL use only

Approved by: _____ Date: _____