

**Institution Name, Municipality**

**FY2018 LSTA Direct Grant Program Disbursement Form**

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| VendorCode + TIN Number: VC600010101010 + XXXXX0000 LSTA Project Number: Program Name: **Total Grant Award: $ (FY18: $/FY19: $)**  |

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| Part 1: Cash on Hand |

1. Cash Received to Date for this Project $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Grand Total Expended to Date $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Federal Cash on Hand $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Part 2: Cash Requested |

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| 1. **Cash Requested $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Round to the nearest whole dollar. No cents.)*** |

Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MBLC Use Only: Line Item 7000-9702Consultant Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ FYEAR: \_\_\_\_\_\_\_\_\_\_Unit Head Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Send this form with original signatures to:

Massachusetts Board of Library Commissioners

98 North Washington Street, Suite 401, Boston, MA 02114

Attention: Your Consultant

Expenditure Completion Date:

*Please make additional copies of this form as needed.*