Library Services and Technology Act Grant Program administered by the Missouri State Library, a Division of The Office of the Secretary of State

GRANT PROGRAM: _____

Payment Summary: ☐ **Interim** ☐ **Final**

Grant Project Number: _____ Library: _____ Date: _____

Please list each item you received during this interim period arranged by budget category. Include only approved items as listed in the project budget. Use exact costs. Do NOT round. Retain all timesheets, original invoices and receipts for your grant file.

Budget Category	Description of item or service	Invoice #	Invoice Date	Vendor	LSTA Funds	Local Funds	Total
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
				TOTAL	$0.00	$0.00	$0.00

CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all items listed in this payment summary are for the purpose set forth in the award documents.

_____
Signature of Authorized Individual (Use Blue Ink)
Typed First and Last Name: _____
Job Title: _____
Date: _____