

Report & Request for Reimbursement: Accessibility Upgrades

Date Requested: 1/27/2011

Subgrantee ID: 1822BTOPHELE

Subgrantee Name: Montana State Library

Matching Item Description:	Quantity	Per Unit Cost	Total Cost
Purchase of data cable	1.00	400.00	\$ 400.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Matching Amount Reported:			\$ 400.00

Reimbursement Item Description:	Quantity	Per Unit Cost	Total Cost
Electrician, see receipt	1.00	1,822.45	\$ 1,822.45
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Reimbursement Amount Requested:			\$ 1,822.45

Reimbursement method (circle one): Electronic USPS
 If electronic transfer, bank information: _____

Reimbursement to be sent to (address): Montana State Library, PO Box 201800, Helena, MT, 59620

Reimbursement to be sent attention to: Sarah Elkins

*Attach receipt and other documentation as necessary

Send request with all documentation to: Sarah Elkins, BTOP Compliance Officer
 Montana State Library
 PO Box 201800
 Helena, MT 59620-1800