

Report & Request for Reimbursement: FTE

Date Requested: 12/10/2011

Subgrantee ID: 1811BTOPHELE

Subgrantee Name: Montana State Library

*Item Description:	Pay Period End Date	Amount Requested
Donci Bardash	1/31/2011	\$ 340.25
Total Reimbursement Amount Requested:		\$ 340.25

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 any necessary documentation

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