



LSTA Grants to Individuals Reimbursement Form



Name: _____

Social Security Number: _____

Address: _____

Name of Event: _____

Location: _____

Dates: _____

Total to Reimburse: \$ _____

Total cost of the Class/Event: \$ _____

Will additional claims be submitted on this grant? _____

I certify that the reimbursed amount reflects actual costs incurred.

Signature

Date

Return completed form along with copies of **invoices/receipts** and **evaluation** to:

Jamie Markus
Wyoming State Library
516 S. Greeley Hwy.
Cheyenne, WY 82002
(Fax) 307-777-6289