

Contract #: FY 2010 - 35

REIMBURSEMENT REQUEST

Submit Request to:

State Board for Community/Junior Colleges
 ATTN: Jason Carter
 3825 Ridgewood Road
 Jackson, MS 39211

NAME AND ADDRESS OF COLLEGE/CONTACT PERSON <u>East Mississippi Community College</u> <u>Attn: Debra Gard</u> <u>P. O. Box 158</u> <u>Scooba, MS 39358</u>		Contract Period: July 1, 2009 thru June 30, 2010 D-U-N-S Number: 072100548		
		Reporting Period: <u>11/01/09 - 12/7/09</u>		
COST CATEGORY	BUDGET	CURRENT REQUEST	**YTD EXPENDITURES	BALANCE REMAINING
1 Salaries, Wages, and Fringe Benefits: Adjunct Faculty (No. of Positions _____) Instructors and Staff (No. of Positions _____)				0.00
2 Contractual Services: Utility Costs	541,118.00	91,251.33	406,545.34	134,572.66
3 Subsidies, Loans and Grants: Scholarships to Students (Provide Number of Scholarships _____)				0.00
TOTALS	541,118.00	91,251.33	406,545.34	134,572.66

Provide supplemental information on the attached sheet.

General Ledger supporting documentation must accompany this request.

I HEREBY CERTIFY THAT ALL PURCHASES AND EXPENDITURES SUBMITTED AS REIMBURSEMENT FOR THE REPORTING PERIOD REFERENCED ABOVE ARE TRUE AND CORRECTLY MADE IN ACCORDANCE WITH MY INSTITUTION'S WRITTEN PLAN FOR THE USE OF STATE FISCAL STABILIZATION FUNDS; THAT DOCUMENTATION IS AVAILABLE UPON REQUEST, THAT FUNDS HAVE BEEN EXPENDED IN ACCORDANCE WITH ALL STATE AND FEDERAL REGULATIONS, AND THAT THE ABOVE SAID ENTITY IS IN ACCORDANCE WITH CONTRACT WITH THE STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES.

Debra W Gard 12/8/09
 SIGNATURE AUTHORITY DATE

Cheryl Hubbard, Accountant
 PREPARER'S NAME, TITLE, AND PHONE NUMBER
662-243-2653

** Include Current Request in YTD Expenditures.

STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES
ARRA - State Fiscal Stabilization Funds, Government Services CFDA #84.397
Attachment to Reimbursement Request Form

Provide a listing of the names, positions and salaries or wages funded by SFSF below:

	Title of Position	Name of Employee	Amount of Salary or Wage
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Provide a listing of any payments greater than \$25,000 to a vendor, an individual (student) or a subrecipient:

	Name of Vendor, Individual, or Sub Recipient		Amount of Payment
1	Emepa	11/3/2009	44,860.49
2	Four County Electric	11/12/2009	33,558.91
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			