

**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>12/8/09 - 1/31/2010</u>
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COST CATEGORY	BUDGET	CURRENT REQUEST	**YTD EXPENDITURES	BALANCE REMAINING
1 Salaries, Wages, and Fringe Benefits:				
Adjunct Faculty (No. of Positions _____)				0.00
Instructors and Staff (No. of Positions _____)				
2 Contractual Services:				
Utility Costs	541,118.00	134,572.66	541,118.00	0.00
3 Subsidies, Loans and Grants:				
Scholarships to Students				0.00
(Provide Number of Scholarships _____)				
<b>TOTALS</b>	<b>541,118.00</b>	<b>134,572.66</b>	<b>541,118.00</b>	<b>0.00</b>

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 CORRECT. I WERE 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.

  
SIGNATURE AUTHORITY \_\_\_\_\_ DATE 2/5/2010

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

\*\* 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	12/8/2009	54,890.31
2	Four County	12/10/2009	49,809.62
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			