

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: 07/01/09 - 10/31/09		
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	315,294.01		225,823.99 <del>541,118.00</del>
3 Subsidies, Loans and Grants: Scholarships to Students (Provide Number of Scholarships _____)				0.00
<b>TOTALS</b>	<b>541,118.00</b>	<b>315,294.01</b>	<b>0.00</b>	<b>225,823.99</b> <del>541,118.00</del>

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 COR  
 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 V  
 CONTRACT WITH THE STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES.

Debra Gard 10/5/09  
 SIGNATURE AUTHORITY DATE

Chevy Hubbard, Accountant  
 PREPARER'S NAME, TITLE, AND PHONE NUMBER  
 6622432653

\*\* 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	10/6/2009	54,494.08
2	Emepa	8/4/2009	54,360.59
3	Emepa	9/15/2009	54,103.53
4	Four County Electric	10/6/2009	38,852.93
5	Four County Electric	8/12/2009	35,520.32
6	Four County Electric	9/14/2009	40,006.37
7			
8			
9			
10			
11			
12			