

# LSTA Financial Report

Grantee: \_\_\_\_\_  
 Grant # (FC or MO): \_\_\_\_\_ Total Grant Amount: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Budget Category</u>	<b>Current Approved Budget</b>	<b>First Quarter (Actual Expenditures)</b>	<b>Second Quarter (Actual Expenditures)</b>	<b>Third Quarter (Actual Expenditures)</b>	<b>Final</b>	<b>Balance (Unexpended Funds)</b>
<i>Salaries/Wages/Benefits</i>						
<i>Consulting Fees</i>						
<i>Travel (at state rate)</i>						
<i>Supplies/Materials</i>						
<i>Equipment</i>						
<i>Services</i>						
<i>Indirect Costs</i>						
<b>Grant Totals</b>						
Cash Match						
In-Kind						
<b>Project Totals</b>						

Electronically submit LSTA Report to: [ra-lsta@pa.gov](mailto:ra-lsta@pa.gov)

Please put LSTA Quarterly Report **OR** Final Report respectively, followed by the Grant Number in the subject line.

Mail signed reports to: Pennsylvania Department of Education  
 Office of Commonwealth Libraries  
 ATTN: LSTA  
 607 South Drive  
 Harrisburg, PA 17120-0600

**Failure to submit these reports timely could have an effect on the final grant payment.**

Office of Commonwealth Libraries

Please enter the LSTA, Cash Match and In-Kind amount for this quarter. The Total column will auto calculate.

In addition, a description for each expenditure for this quarter is required.

Budget Category	LSTA	Cash Match	In-Kind	Total
<b>Salaries/Wages/Benefits</b>				
<i>Description:</i>				
<b>Consulting Fees</b>				
<i>Description:</i>				
<b>Travel (at state rate)</b>				
<i>Description:</i>				
<b>Supplies/Materials</b>				
<i>Description:</i>				
<b>Equipment (&gt;\$5,000 per unit)</b>				
<i>Description:</i>				
<b>Services</b>				
<i>Description:</i>				
<b>Indirect Cost</b>				
<i>Description:</i>				