

Mini-Grant Request for Reimbursement

Arrowhead Library System
5528 Emerald Avenue
Mountain Iron, MN 55768
(218) 741-3840

Mini-Grant Project/Program Name

Date	
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Claimed Expenses

Receipts **must** be attached for the following:

Items Purchased:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Total Claimed Expenses

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Name	Library

Signature	County

Mailing Address

Check box if address has changed

<i>Office Use Only</i>	
Account #	250-01-001-68240

Approved by	_____
Title	_____