STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES
ARRA - State Fiscal Stabilization Funds, Government Services CFDA #84.397
Contract #: FY 2011 - 20

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
Holmes Community College
Attn: Steve Caldwell
P. O. Box 399
Goodman, MS 39079

Contract Period: July 1, 2010 thru June 30, 2011
D-U-N-S Number: 071936348

Reporting Period: 4/8/11 - 6/1/11

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 Contractural Services:				
Utility Costs	714,485.00	38,959.31	714,485.00	0.00
3 Subsidies, Loans and Grants:				
Scholarships to Students				0.00
(Provide Number of Scholarships _____)				
TOTALS	714,485.00	38,959.31	714,485.00	0.00

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; THAT THEY WERE MADE IN ACCORDANCE WITH MY INSTITUITION'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 ITS CONTRACT WITH THE STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES.

Steve Caldwell 6/3/2011 Steve Caldwell, EVP (662) 472-9015

SIGNATURE AUTHORITY DATE PREPARER'S NAME, TITLE, AND PHONE NUMB

** Include Current Request in YTD Expenditures.

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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	Entergy		29,416.19
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Electric													
7071	18112	80	3-May-11	INNI	I0060236	Entergy	U	2114	3-May-11	YTD	29,416.19	+	
7071	28110	80	8-Apr-11	INNI	I0059772	Entergy	U	2114	8-Apr-11	YTD	9,543.12	+	
												38,959.31	To claim in ARRA