

CALIFORNIA STATE LIBRARY
Library Services and Technology Act
FINANCIAL CLAIM

FY: 09/10
WP: 08
VENDOR CODE: M632
SCHEDULE NO:

Date: _____

Claim of: El Dorado County Library

Address: _____

For: El Dorado County Library
(Name of System or Agency)

Project Title: Capturing our Stories: the El Dorado Co Oral History Project

Amount Claimed: \$1,579 Contract or Grant Award I.D. Number: 40-7470

For Period From: upon execution to end of grant period

Type of Payment: PROGRESS FINAL **IN FULL**
Payable Upon Execution of Agreement 02/22/10

CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized officer of the claimant herein; that this claim is in all respects true, correct and in accordance with law and the terms of the contract; and that payment has not previously been received for the amount claimed herein.

by _____
(Signature of the authorized officer of the Fiscal Agency)

(Title)

State of California
State Library Budget Office

by _____ date _____

MAIL ONE ORIGINAL SIGNATURE TO:

**California State Library
Budget Office - LSTA
P.O. Box 942837
Sacramento, CA 94237-0001**