CALIFORNIA STATE LIBRARY
Library Services and Technology Act
FINANCIAL CLAIM

FY: 12/13
WP: 11
VENDOR CODE: M632
SCHEDULE NO:

DATE: _____

Claim of: El Dorado County Library

Address: 345 Fair Lane, Placerville, CA 95667

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

Project Title: Beyond School Resource Center & Early Literacy Support Project

Amount Claimed: $17,000

Grant Award Number: 40-8165

For Period From: upon execution to end of grant period

Type of Payment PROGRESS FINAL **IN FULL**
Payable Upon Execution of Agreement 3/1/2013

CERTIFICATION

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

by _____
(Signature of the authorized representative)

Chair, Board of Supervisors
(Title)

State of California
State Library Fiscal Office

by _____ date _____
(State Library representative)

MAIL ONE ORIGINAL SIGNATURE TO:

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