

CALIFORNIA STATE LIBRARY
Library Services and Technology Act
FINANCIAL CLAIM
1ST PAYMENT

FY: 13/14
WP: 12
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: Learning2Go

Amount Claimed: \$40,500

Grant Award Number: 40-8279

For Period From: upon execution to end of grant period

Type of Payment **PROGRESS** FINAL IN FULL
Payable Upon Execution of Agreement 8/1/2013

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)

(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**