CALIFORNIA STATE LIBRARY Library Services and Technology Act FINANCIAL CLAIM

FY: 10/11 WP: 09 VENDOR CODE: M632 SCHEDULE NO:			Date:
For: El Dorado County Lib (Name of System or A Project Title: CA's Family Amount Claimed: For Period From: upon exe	erary (Cameron Pa Agency) Place Lib Progra \$15,000 ecution to end of g	ark Branch) nm - Implementation Contract or Grant Awa grant period	ard I.D. Number: 40-7709
Type of Payment:	PROGRESS Payable Upon E	FINAL Execution of Agreemen	IN FULL t 11/18/10
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)
State of California State Library Fiscal Office			
by		date	

MAIL ONE ORIGINAL SIGNATURE TO:

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