

**CALIFORNIA STATE LIBRARY
LIBRARY SERVICES & TECHNOLOGY ACT**

**FINANCIAL CLAIM
FINAL PAYMENT**

Grant Award #: 40-9358 **Date:**
Invoice #: 40-9358-001 **PO #:**
Payee Name: Riverside Public Library
(Legal name of authorized agency to receive, disburse and account for funds*)

Complete Address:
Street Address, City, State, Zip Code (Warrant will be mailed to this address)

Amount Claimed: \$20,000 **Type of Payment:**
Payable Upon Execution of Agreement PROGRESS
Grantee Name: Riverside Public Library FINAL
(Name on Award Letter and Agreement) IN FULL
Project Title: Dia de los Ninos AUGMENT
For Period From: upon execution to end of grant period

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)
Erin Christmas

(Print Name)

(Title)

*Legal payee name must match the payee's federal tax return. Warrant will be made payable to payee name. Payee discrepancies in name and/or address may cause delay in payment. If you need to change payee name and/or address, please contact Fiscal Services at federalgrants.fiscal@library.ca.gov.

If you are not using DocuSign electronic signature to submit your claim, please complete the following:

EMAIL A SCANNED COPY:
federalgrants.fiscal@library.ca.gov

MAIL ONE ORIGINAL SIGNATURE TO:
California State Library
Fiscal Office – Federally Funded Programs
PO Box 942837
Sacramento, CA 94237-0001

State of California, State Library Fiscal Office

FAIN: LS-252449-0LS-22
ENACTMENT YEAR: 2022
PURCHASING AUTHORITY NUMBER: CSL-6120
ACCOUNT: 5432000

ITEM NO: 6120-211-0890, Chapter 43, Statutes of 2022
REPORTING STRUCTURE: 61202000
BUDGET PROGRAM: 5312

By _____
(State Library Representative)

Date _____