



Libraries Illuminated Grant
Request for Payment

This is an agreement for use of funds to participate in the Libraries Illuminated project.

Please initial each line. Complete the form below, sign by the Director (no exceptions), scan and email to Diane Satchwell.

____ Funds will be used as submitted in the application.

____ No administrative or fiscal fee will be used with the funds.

____ Evaluations will be submitted on time.

____ All invoices will be copied and emailed to SCLC.

____ Any request for change will be submitted to SCLC.

Amount requested (amount awarded): \$2723

Library Name: Riverside Public

Address to send: (on file)

Send check attention to: Erin Christmas

Contact: Erin Christmas

Signature (Director)

Date

Email to dsatchwell@socalibraries.org