CALIFORNIA STATE LIBRARY LIBRARY SERVICES & TECHNOLOGY ACT

FINANCIAL CLAIM FINAL PAYMENT

Grant	Award #:	40-9358		Date:	
Invoid	e #:	40-9358-001		PO #:	
Payee Name:		Riverside Public Library			
		(Legal name of authorized agency to receive, disburse and account for funds*)			
Comp	lete 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 Ag	greement		PROGRESS
Grant	ee Name:	Riverside Public Library			FINAL
		(Name on Award Letter and A	greement)		IN FULL
Projec	ct Title:	Dia de los Ninos			AUGMENT
For Period From: upon execution to end of grant period					
Ву	(Signature of the A	Authorized Representative)	the amount claimed her		
	Erin Christma	5			
*Legal p	ancies in name an	match the payee's federal tax d/or address may cause dela vices at federalgrants.fiscal@	y in payment. If you need to		
If you ar	e not using Docu	Sign electronic signature to su	ubmit your claim, please co	mplete the following	ng:
		ANNED COPY: cal@library.ca.gov	MAIL ONE ORIGINAL SIGNATURE TO: California State Library Fiscal Office – Federally Funded Programs PO Box 942837 Sacramento, CA 94237-0001		
		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		
Ву			Date		
•	(State Library Re	epresentative)			