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REVISED
3:40 pm, Aug 27, 2019

Claim Form

**State of California
California Library Literacy and English Acquisition Services (CLLS)**

California Education Code; Section 18880-18883
Budget Citation Chapter 23 - Budget Item 6120-213-0001

Fiscal Year: 2019-2020	
Reporting Structure: 61202000	COA: 5432000; Approp. Ref: 213
Purchasing Authority Number: CSL-6120	Category: 84121600 Program #: 5312

FOR PAYMENT OF CALIFORNIA LIBRARY LITERACY SERVICES GRANT

Amount Claimed – Final Installment - **\$70,000**

Salinas Public Library, Fiscal Officer City Hall, 200 Lincoln Ave, Salinas, CA 93901-2639

claims the indicated allowance for the purposes of carrying out the functions stated in its CLLS application and in Sections 18880-18883 of the California Education Code.

Warrant to be issued for payment to the library to be addressed to:

***Salinas Public Library, Fiscal Officer City Hall, 200 Lincoln Ave, Salinas, CA 93901-2639**

(Authorized agency to receive, disburse and account for CLLS funds)

I hereby certify under penalty of perjury: that the library named above shall use their allowance solely for the purposes indicated in their CLLS application and in Sections 18880-18883 of the California Education Code.

Official Representative or Fiscal Agent (Signature Required)

Title

MAIL ONE ORIGINAL SIGNATURE TO:
**California State Library
Fiscal Office – CLLS
P. O. Box 942837
Sacramento, CA 94237-0001**

State Library Local Assistance Office Use Only

STATE OF CALIFORNIA, State Library Fiscal Office

By _____
State Library Representative

Approval by State:

CLLS \$ _____

Date: _____

*The warrant address must match that on file in Fi\$Cal. If you need to change the authorized library name and/or address, please contact Colette Moody, CSL Fiscal Office. (Colette.Moody@library.ca.gov)