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REVISED 3:40 pm, Aug 27, 2019

Claim Form

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

	ode; Section 18880-18883 3 – Budget Item 6120-213-0	
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 L	ITERACY SERVICES	GRANT
Amount Claimed – First Installment - \$ <u>18,000</u>		
Salinas Public Library, Fiscal Officer City Hall, 200	Lincoln Ave, Salinas, CA	93901-2639
claims the indicated allowance for the purposes of application and in Sections 18880-18883 of the Ca		
Varrant to be issued for payment to the library to be addressed	d to:	
*Salinas Public Library, Fiscal Officer City Hall, 20	O Lincoln Ave, Salinas, CA	93901-2639
(Authorized agency to receive,	disburse and account for CLLS funds)
hereby certify under penalty of perjury: that the li he purposes indicated in their CLLS application ar Code.	nd in Sections 18880-188	83 of the California Education
Sall me	Flan	a liseator
Official Representative or Fiscal Agent (Signature Required)	Title	C RATECTOR
MAIL ONE <u>ORIGI</u> California Fiscal Of P. O. E	NAL SIGNATURE TO: State Library ffice – CLLS Box 942837 CA 94237-0001	
State Library Local Assistance Office Use Only	Ani	proval by State:
STATE OF CALIFORNIA, State Library Fiscal Office		ororal by blute.

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.)