

OREGON STATE LIBRARY

**Library Services and Technology Act
Claim for Payment**

Performing Agency: _____

Grant Project Number: _____

Address: _____

Date Submitted: _____ Amount Claimed: \$_____

Type of Payment: ___ Initial ___ Progress ___ Final

Certification:

I certify that this claim is true, correct, and in accordance with the terms of the Grant Contract for the grant project cited above. I further certify that the LSTA cash on hand is \$ _____ .

Signature of Authorized Fiscal Officer

Typed Name and Title

Contact Email

State Library Approval	
_____	LSTA FFY: _____
Grants Coordinator	Business Office: _____

Date	

Mail one copy of this form with an original signature and appropriate original receipts or invoices to:

Library Development Services
Oregon State Library
250 Winter St. NE
Salem, Oregon 97301-3950