

OREGON STATE LIBRARY

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

Performing Agency: Acme Public Library

Grant Project Number: 08-11-6p

Address: Box 1, Acme, OR 97300

Date Submitted: 9/21/08 Amount Claimed: \$ 3,000

Type of Payment: Initial xx 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 \$ 0 .

Wiley Coyote

Signature of Authorized Fiscal Officer

Wiley Coyote, Chief Financial Officer, City of Acme
Typed Name and Title

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