

OREGON STATE LIBRARY

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

This form, with signature, may be scanned, faxed or emailed to ferol.weyand@state.or.us

**Library Support and Development Services
Oregon State Library
250 Winter St. NE
Salem, OR 97301
FAX 503-378-6439**

LSTA Contract Number: _____

Payee: _____

Grantee: _____

Project Title: _____

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 Contact Email

Typed Name and Title Contact Phone Number

For Office Use Only

Federal Programs Coordinator	Sent to Accounting:
Date:	Accounting Coding:
Federal Fiscal Year:	Library Development Notified: