



LUNCH AT THE LIBRARY PROGRAM
FINANCIAL CLAIM
IN FULL

Grant Award #: LATL25-57B Date:
Invoice #: LATL25-57B-01 PO #: 8498
Payee Name: City of Richmond
(Legal name of authorized agency to receive, disburse and account for funds*)

Complete Address:
Street Address, City, State, Zip Code (Warrant will be mailed to this address)

Amount Claimed: \$9,000 Type of Payment:
(Payable Upon Execution of Agreement) [] PROGRESS
Grantee Name: Richmond Public Library [] FINAL
(Name on Award Letter and Agreement) [x] IN FULL
Project Title: Lunch at the Library Program [] AUGMENT

For Period From: upon execution to end of grant period

In Process CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that this claim is in all respects true, correct and in accordance with law and the terms of the agreement; and that payment has not previously been received for the amount claimed herein.

By
(Signature of the Authorized Representative)

(Print Name) (Title)

*Legal payee name must match the payee's federal tax return. Warrant will be made payable to payee name. Payee discrepancies in name and/or address may cause delay in payment. If you need to change payee name and/or address, please contact Fiscal Services at stategrants.fiscal@library.ca.gov.

State of California, State Library Fiscal Office

ENY: 2025 ITEM NO: 6120-140-0001, Chapter 4, Statutes of 2025
PURCHASING AUTHORITY NUMBER: CSL-6120 REPORTING STRUCTURE: 61202000
COA: 5432000 PROGRAM #: 5312
FAIN: LS or N/A

By Date
(State Library Representative)