

AUTHORIZATION TO PAY

Early Childhood and Family Support Services Dept.
King County Library Grant #1010
2002-2003

Source of funds is federal, with CDFIA# _____

Center/Site: _____

Period Claimed: _____

*Please submit claims at least quarterly, by 12/31/02, 3/31/03 & 6/30/03
and attach appropriate receipts, invoices, sign in sheets, etc.*

Total Claimed for this period: _____

Grant Activities This Period			
Activity (please be specific)	Date	No. of Hours	Amount Paid
Total:			

Forward to: (Correct staff member for billing)

Authorized Signature Title Date

PSESD Approval Date