STATE OF CALIFORNIA
LIST OF DOCUMENTATION
FOR ARRA GRANT PAYMENTS
CAC-902 (Rev 11-09)

Print Form

CALIFORNIA ARTS COUNCIL
LIST OF DOCUMENTATION
FOR SALARIES

GRANTEE NAME: _____ GRANT NUMBER: RA-09- ____ GRANT PERIOD: 11/1/09 - 10/31/10

Date	Name of Person Paid	Total	CAC Expense Amount
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
COLUMN TOTAL - SALARIES		$	$

Date: This date must fall within the grant period.

Name: Indicate the person paid.

Total: Indicate the total amount of dollars on your documentation.

CAC Expense: Indicate the portion of total amount applied to the CAC expense.

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE