

| STATE CONTROLLER'S USE ONLY | | |
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| DOCUMENT NO. | DATE C C C C M M D D | MSG Code |
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**STATE OF CALIFORNIA
OFFICE OF THE STATE CONTROLLER
TRANSACTION REQUEST**

| STATE CONTROLLER'S USE ONLY | |
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| TC Code | VERIFIED BY: |
| | DATE: |

PAGE 1 OF 1

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| Agency: STATE CONTROLLER'S OFFICE | Address: 300 Capitol Mall, Suite 621 | Agency Document Number: 2nd QTR CalATERS |
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| FUND | AGY | FY | M | REF / ITEM | FED CAT | P/N | C | CAT | PGM | ELE | COMP | TASK | ACCT | SCC USE | REV / OBJ | AMOUNT | SCO USE | | | | | SOURCE FUND |
|------------------------|------|------|---|---------------------------------|---------|-----|---|---------------------|-----|-----|------|------|------|---------|-----------|------------|---------|---|---|---|---|-------------|
| | | | | | | | | | | | | | | | | | D | C | A | T | O | |
| 0001 | 5225 | 2009 | | 001 | | | | | 99 | | | | | | | 98,100.00 | D | | | | | |
| DESCRIPTION | | | | (DNKP) CHAPTER NUMBER/YEAR/ITEM | | | | PROGRAM DESCRIPTION | | | | | | | | | | | | | | |
| Per Gov't Code 19822.3 | | | | Chapter 1 | | | | | | | | | | | | | | | | | | |
| 0400 | 2310 | 2009 | | 001 | | | | | 10 | | | | | | | 151,326.00 | D | | | | | |
| DESCRIPTION | | | | (DNKP) CHAPTER NUMBER/YEAR/ITEM | | | | PROGRAM DESCRIPTION | | | | | | | | | | | | | | |
| Per Gov't Code 19822.3 | | | | Chapter 1 | | | | | | | | | | | | | | | | | | |
| 0001 | 0840 | 2009 | | 001 | | | | | 90 | | | | | | | 249,426.00 | C | F | | | | 0001 |
| DESCRIPTION | | | | (DNKP) CHAPTER NUMBER/YEAR/ITEM | | | | PROGRAM DESCRIPTION | | | | | | | | | | | | | | |
| Per Gov't Code 19822.3 | | | | Chapter 1 | | | | | | | | | | | | | | | | | | |
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TYPE OF TRANSACTION:

LEGAL AUTHORITY AND REASON FOR REQUEST:

Per Ch. 179, Statute of 2007, Government Code 19822.3 authorizing direct transfer of funds for CalATERS billing amounts. We request the following transfer of funds be made.

I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.

AUTHORIZED SIGNATURE:

| | |
|--|--|
| CONTACT PERSON: Accounting Officer | PHONE FOR CONTACT: 916-322-5089 |
| E-MAIL FOR CONTACT: pgee@sco.ca.gov | DATE: |