INS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE

WARRANT NUMBER

State of California

63-491071

THE TREASURER OF THE STATE WILL PAY OUT OF THE H THE TREASON IDENTIFICATION NO.

FUND NO. FUND NAME 8087 FISCAL CONSOLIDATED PMT

FORM CD-85(1/99) CONTROLLERS WARRANT

0000001357

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MO. L DAY L YR.

90-1342/1211

01 | 24 | 2023

63491071

TO: 491071 COUNTY OF VENTURA TREAS C/O WELLS FARGO BANK PO BOX 980307 WEST SACRAMENTO CA 95798-0307

DOLLARS CENTS \$**217579,00

Malia (

CALIFORNIA STATE CONTROLLER

#121113423# 634910715#

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

63-491071

ISSUE DATE: 01/24/2023 DEPARTMENT OF EDUCATION CALIFORNIA DEPARTMENT OF EDUCATION/FASD STATEOPS@CDE.CA.GOV 14 SACRAMENTO CA 95814 FOR QUESTIONS CONTACT ACCOUNTING DEPARTMENT AT 916/445-3497 VENDOR NAME VENDOR ID COUNTY OF VENTURA 0000001357 VOUCHER ID INVOICE ID PO ID 22-23749 12-12-2022 00343199 0000028880 AMOUNT PAID \$217579.00 PAYMENT MESSAGE PYMT INQUIRIES: (916) 445-3497 ADDITIONAL PAYMENT MESSAGE

Dorrie Perrin

From: Reyes, Maria < Marial.Reyes@ventura.org >

Sent: Monday, January 30, 2023 8:40 AM

To: SBAS Submittals

Cc: Treasury

Subject: VOE Lockbox Wires 01-30-23

Attachments: VOE.pdf

CAUTION: This email originated from outside of VCOE. Do not respond, click links, or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Please see attached lockbox wire, use record date 01-30-23.

Thank you,

Maria Reyes
Accounting Technician

Ventura County Treasurer-Tax Collector

800 S. Victoria Ave Ventura, CA 93009

T: (805)654-3742

VCOE Deposit Date 01-31-23 CR 194740 010-8590-7366-

Foster Youth Services Coordinated Program

Index 0510, Program Cost Account (PCA) 23749

Fiscal Year: 2022–23 Initial Payment, Batch 1

12/9/2022

County Treasurer	County Code	PCA	Suffix	Service Location Field	Grantee	Payment Amount	
					Ventura County Office of		
Ventura County Office of Education	56	23749	00	10561	Education	\$	217,579.00
Total	-			_		\$	217,579.00

California Department of Education Fiscal and Administrative Services Division AO-401 (REV. 02/2013)

Request for Payment of a Non-Formula Grant

				Date: Decer	mber 12, 2022				
 SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213 									
	(Check unit below according ☑ State Funds 445-5787 ☐ Federal Funds-USDOE 323- ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USD	2246	s.)						
2.	Program Title: Foster Youth Services Coordinat	ing Program		Te.					
3.	Fiscal Year: 2022-23	4. Index Code: 0510		5. PCA Code: 23749					
6.	School (SACS) Accounting Codes: Revenue Object Code: 8590 Resource Code: 7366								
7. Total of This Request: \$14,072,347.00 \$14,072,347.00									
8. Program Contact For Questions Regarding This Request:									
Na Ros	me: se Poulson		Title: AGPA		,				
Unit: Grant Administration and Support Office					Phone: 916-319-0832				
9. CERTIFICATION OF AUTHORIZING AGENT: I hereby certify that to the best of my knowledge and belief: (a) the information entered on this request and the attached payment schedule is accurate and I hereby authorize payment of funds, and (b) the program unit responsible for this request has received appropriate assurances indicating that each grantee will abide by the terms of the grant.									
Name: (Print or Type) William McGee			Title: Division Director						
Signature: William McGee Digitally signe Date: 2022.12.			ed by William McGee .20 13:42:41 -08'00' Date:		Date:				
10. Attach a schedule of payments with sub-totals by county and district.									
11. Send an electronic file of this request to the "payments" mailbox.									
12. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.									