STATE OF CALIFORNIA

CLAIM SCHEDULE

STD. 218ET (REV. 6-94)

USE THIS CLAIM SCHEDULE TO SUBMIT DATA ON ELECTRONIC TAPE ONLY

(Do not write in this space)

PAYABLE FROM	FUND	SUB	FUND NAME
	AGENCY NUMBER		AGENCY NAME

APPROPRIA-TION	STAT. YR.	METH	REFERENCE/ITEM	SEQ.	FFY	CHAPTER	STATUTES
	PURPOSE						

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM	ELE.	COMP	TASK	GENERAL LEDGER	RECEIPT / OBJECT	F/S	AMOUNT	DESCRIPTION

REEL NUMBER		TOTAL OF SCHEDULE	
TAPE DENSITY		NUMBER OF WARRANTS	
DATA SET NAME *(Optional)*		RECORD COUNT	

INTERNAL AGENCY USE

SCHEDULE NUMBER

AUDIT CODE | SCH. TYPE

PRINT WARRANT DATE

ISSUE WARRANT DATE (REQUEST)

BEGINNING WARRANT NUMBER

END WARRANT NUMBER

ISSUES

VOIDS

AFFIX LABEL HERE

SIGN. | CALC.

PURCH. | CONTR.

CORRECTIONS ENTERED

AUDITED | APPR. PAY.

F/A BAL. OK | WARR. OK

REPORTABLE PAYMENTS PER S.A.M. 8422.190

NUMBER

AMOUNT

$

TOTAL SUBJECT TO USE TAX

$

I hereby certify under penalty of perjury as follows:

That I am a duly appointed, qualified, and acting officer of the herein named state agency. That the respective amounts and payees included in this claim have been recorded on that certain electronic tape identified in the within schedule. That a written reproduction, listing each payee and the amount of payment, was prepared from said tape and will be retained as a part of the official records of said state agency, or the information so provided will be retained on electronic tape. That the respective amounts, payees, and totals are true and correct as set forth on said electronic tape and in said written reproduction, or retained on electronic tape. The original claim documents, or reproductions thereof, have been retained and are maintained in a manner that will enable verification of the propriety of the amounts claimed. That payments are properly payable to each and all of the claimants as contained therein, and that such payments are authorized in the amounts, for the period, and to the respective payees as indicated therein under all governing laws and regulations. That I have not violated any of the provisions of Section 1090 to 1096, inclusive, Government Code.

SIGNED	TITLE	DATE SIGNED

APPROVED *(If required)*