



**STATE OF CALIFORNIA**  
**DEPARTMENT OF GENERAL SERVICES**  
**OFFICE OF FISCAL SERVICES**  
 707 3RD STREET 10TH FLOOR IMS: Z-01  
 WEST SACRAMENTO, CA 95605

GENERAL SERVICES USE ONLY	
DOCUMENT NO.	DOCUMENT DATE
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**EFT ADJUSTMENT REQUEST**  
 AFS-EFT001 (11/2001)

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<b>Agency:</b>	<b>Address:</b>	<b>Agency Document Number</b>
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FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	REV / OBJ	AMOUNT	D	C	
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<b>REASON FOR REQUEST:</b>          	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 this 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.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CONTACT PERSON:</td> <td style="width: 50%;">SIGNATURE:</td> </tr> <tr> <td>PHONE FOR CONTACT:</td> <td>DATE:</td> </tr> </table>	CONTACT PERSON:	SIGNATURE:	PHONE FOR CONTACT:	DATE:
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