

**USE THIS CLAIM SCHEDULE TO SUBMIT  
EFT TRANSACTIONS ONLY**

(Do not write in this space)

|  |                                  |          |                |      |      |         |                             |                |                   |             |             |  |
|--|----------------------------------|----------|----------------|------|------|---------|-----------------------------|----------------|-------------------|-------------|-------------|--|
| PAYABLE FROM   | FUND                             | SUB      | FUND NAME      |      |      |         |                             |                |                   |             |             |  |
|  | AGENCY NUMBER                    |          | AGENCY NAME    |      |      |         |                             |                |                   |             |             |  |
| APPROPRIATION  | 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 |  |
|  |                                  |          |                |      |      |         |                             |                |                   |             |             |  |
|  |                                  |          |                |      |      |         | TOTAL OF SCHEDULE           |                |                   |             |             |  |
|  |                                  |          |                |      |      |         | NUMBER OF PAYMENTS          |                |                   |             |             |  |
|  |                                  |          |                |      |      |         | RECORD COUNT                |                |                   |             |             |  |
| DATA SET NAME  |                                  |          |                |      |      |         | STATEMENT SUPPRESSION COUNT |                |                   |             |             |  |
| LINE NO.   | PAYEE (SCO CONTRACTED BANK ONLY) |          |                |      |      |         |                             |                |                   | AMOUNT      |             |  |
|  |                                  |          |                |      |      |         |                             |                |                   |             |             |  |
| I hereby certify under penalty of perjury as follows:  |                                  |          |                |      |      |         |                             |                | TOTAL OF SCHEDULE |             |             |  |
| 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 file identified in the within schedule. That a written reproduction, listing each payee and the amount of payment, was prepared from said file and will be retained as a part of the official records of said state agency, or the information so provided will be retained electronically. That the respective amounts, payees, and totals are true and correct as set forth on said electronic file and in said written reproduction, or retained on the electronic file. 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)   |                                  |          |                |      |      |         |                             |                |                   |             |             |  |

DATE FILED

|                          |          |
|--------------------------|----------|
| SCHEDULE NUMBER          |          |
| AUDIT CODE               | SCH TYPE |
| PRINT WARRANT DATE       |          |
| SETTLEMENT DATE (YYMMDD) |          |

CONTROLLER'S WARRANT NUMBERS

DATE ISSUED (ACTUAL)

|        |        |
|--------|--------|
| SIGN.  | CALC.  |
| PURCH. | CONTR. |

|                     |            |
|---------------------|------------|
| CORRECTIONS ENTERED |            |
| AUDITED             | APPR. PAY. |
| F/A BAL OK          | WARR. OK   |

|  |        |
|--|--------|
| REPORTABLE PAYMENTS<br>PER S.A.M. 8422.190 |        |
| NUMBER                                     | AMOUNT |
| TOTAL SUBJECT TO USE TAX                   |        |