STATE OF CALIFORNIA

CLAIM SCHEDULE

STD. 218DD (REV.03/2014)

USE THIS CLAIM SCHEDULE TO SUBMIT EFT TRANSACTIONS ONLY

(Do not write in this space)

DATE FILED

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

SCHEDULE NUMBER

AUDIT CODE | SCH TYPE

PRINT WARRRANT DATE

SETTLEMENT DATE (YYMMDD)

TOTAL OF SCHEDULE

NUMBER OF PAYMENTS

RECORD COUNT

DATA SET NAME

STATEMENT SUPPRESSION COUNT

LINE NO.	PAYEE (SCO CONTRACTED BANK ONLY)	AMOUNT

DATE ISSUED (ACTUAL)

CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.

PURCH. | CONTR.

TOTAL OF SCHEDULE

CORRECTIONS ENTERED

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 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.

AUDITED | APPR. PAY.

F/A BAL OK | WARR. OK

REPORTABLE PAYMENTS PER S.A.M. 8422.190

NUMBER

AMOUNT

SIGNED	TITLE	DATE SIGNED

APPROVED (If required)

TOTAL SUBJECT TO USE TAX