

**USE THIS CLAIM SCHEDULE TO SUBMIT DATA
 ON ELECTRONIC FILE 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		F/S	AMOUNT	DESCRIPTION		
									OBJECT					
							TOTAL OF SCHEDULE						SCHEDULE NUMBER	
							NUMBER OF WARRANTS						AUDIT CODE	SCH TYPE
													PRINT WARRANT DATE	
													ISSUE WARRANT DATE (REQUEST)	
													BEGINNING WARRANT NUMBER	
													END WARRANT NUMBER	
DATA SET NAME							RECORD COUNT						ISSUES	
													VOIDS	

INTERNAL AGENCY USE

DATA SET NAME

DATE FILED

CONTROLLER'S WARRANT NUMBERS

(AFFIX LABEL HERE)
 DATE ISSUED (ACTUAL)

SIGN.	CALC.
PURCH.	CONTR.

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.

CORRECTIONS ENTERED

AUDITED	APPR. PAY.
F/A BAL OK	WARR. OK

REPORTABLE PAYMENTS PER S.A.M. 8422.190

SIGNED	TITLE	DATE SIGNED
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NUMBER
 AMOUNT

APPROVED (If required)

TOTAL SUBJECT TO USE TAX