

REPLENISHMENT CLAIM SCHEDULE (Treasury Trust)

TC-48

(Do not write in this space)

STD. 219TT (Rev. 10/2019)

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	

DATE FILED

AGENCY CHECKING ACCOUNT NUMBER

		INFORMATION	AMOUNT
		<div>REPLENISHMENT CLAIM</div> <div>REVOLVING FUNDS CHECKS ISSUED</div>	
		TOTAL OF SCHEDULE	

JR TRANSACTION DATE

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, department, board, commission, office, or institution. That the within claim is in all respects true, correct, and in accordance with law. That the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law. That authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith. That the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants. That all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof. That there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein. That the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller. That I have not violated any of the provisions of Sections 1090 to 1096, inclusive, Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way. That any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code.

SIGNED	TITLE	DATE SIGNED
APPROVED (If required)		

SCHEDULE NUMBER	
AUDIT CODE	SCH. TYPE

SIGN	CALC.
PURCH.	CONTR.

CORRECTIONS ENTERED	
AUDITED	APPR. PAY.
F/A BAL. OK	