

8755.2 ILLUSTRATION

STATE OF CALIFORNIA
OFFICE OF THE STATE CONTROLLER
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE C C C C M M D D	MSG Code

STATE CONTROLLER'S USE ONLY	
TC Code	VERIFIED BY:
	DATE:

PAGE 1 OF 1

Agency: STATE DEPARTMENT (1234)	Address: 1000 BROADWAY OAKLAND, CA 94612	Agency Document Number: XXXX
--	---	-------------------------------------

FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO USE	REV / OBJ	AMOUNT	D C	A	T	O	B	SOURCE FUND
0890	1234	20XX		XXX					XX							1,000.00	DD					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								
SWCAP 2ND QTR TO GF 9910				CHAPTER XX/XX, Item 1234-XXX-0890										PROGRAM DESCRIPTION								
0001	9910	20XX													999000	1,000.00	CR					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								
SWCAP 2ND QTR FR FTF 1234														SWCAP RECOVERIES								
0890	1234	20XX		XXX					XX							1,000.00	DD					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								
SWCAP 3RD QTR TO GF 9910				CHAPTER XX/XX, Item 1234-XXX-0890										PROGRAM DESCRIPTION								
0001	9910	20XX													999000	1,000.00	CR					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								
SWCAP 3RD QTR FR FTF 1234														SWCAP RECOVERIES								
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION								

TYPE OF TRANSACTION: SWCAP TRANSFER LEGAL AUTHORITY AND REASON FOR REQUEST: SWCAP TRANSFER FOR 2ND QTR OF FY 20XX AND 3RD QTR FOR FY 20XX IN ACCORDANCE WITH GC 13332.01 and 13332.02.	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 the within 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.
	AUTHORIZED SIGNATURE:
CONTACT PERSON:	PHONE FOR CONTACT:
E-MAIL FOR CONTACT:	DATE: mm/dd/yyyy

NOT TO BE USED AS A CONTROLLER'S REMITTANCE ADVICE

CA 504 PC VERSION (03/2006)