

**State Controller's Office**  
**Division of Accounting and Reporting**  
**Bureau of Payments - Local Reimbursements Section**  
**Apportionment Payment Applied to State Mandated Claims**  
**Claimant's Account Summary**  
**As of June 30, 2016**

**Claimant Name:** DESERT CENTER UNIFIED SCHOOL DISTRICT

**Apportionment Amount:** \$ 748

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Comprehensive School Safety Plans	223	Ch. 736/97	20052006	\$ 748	\$ -	\$ 748
<b>Desert Center Unified School District Total</b>				<b>\$ 748</b>	<b>\$ -</b>	<b>\$ 748</b>