

**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:** LEMOORE UNION HIGH SCHOOL DISTRICT

**Apportionment Amount:** \$ 132,858

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Graduation Requirements (07/01/1995 to 06/30/2004)	295	Ch. 498/93	19951996	\$ 97,378	-	\$ 97,378
Graduation Requirements (07/01/1995 to 06/30/2004)	295	Ch. 498/93	19961997	\$ 35,480	-	\$ 35,480
<b>Lemoore Union High School District Total</b>				<b>\$ 132,858</b>	<b>-</b>	<b>\$ 132,858</b>