

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: SAN BENITO COUNTY OFFICE OF EDUCATION

Apportionment Amount: \$ 10,011

(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	19971998	\$ 10,011	\$ -	\$ 10,011
San Benito County Office of Education Total				\$ 10,011	\$ -	\$ 10,011