

**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:** TRINITY CENTER ELEMENTARY SCHOOL DISTRICT

**Apportionment Amount:** \$ 932

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Standardized Testing and Reporting	208	Ch. 828/97	19971998	\$ 875	\$ -	\$ 875
Standardized Testing and Reporting	208	Ch. 828/97	19981999	\$ 57	\$ -	\$ 57
<b>Trinity Center Elementary School District Total</b>				<b>\$ 932</b>	<b>\$ -</b>	<b>\$ 932</b>