CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500066A
PAYMENT ISSUE DATE: 10/02/2015

SOUTH SAN FRANCISCO CITY TREASURER
PO BOX 711

SO SAN FRANCISCO CA 94083

Financial Activity

Additional Description:
Reimbursement for shortfalls incurred in the 2013-2014 fiscal year related to Sales and Use Tax Countywide Adjustment Amount and Vehicle License Fee Adjustment Amount, Revenue and Taxation Codes 97.68 and 97.70.

Budget Act Item 9210-110-0001 Chapter 10, Statutes 2015 **Fiscal Year: 2015**

Collection Period: 07/01/2015 **To** 06/30/2016

Payment Calculations:

Gross Claim	**$317,669.00**
Net Claim / Payment Amount	**$317,669.00**
YTD Amount:	**$317,669.00**

For assistance, please call: Erika Bosnich at (916) 323-2892