

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500262A
PAYMENT ISSUE DATE: 02/19/2016

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

Additional Description:

Budget Act Item 5227-101-3259 of Chapter 10, Statutes of 2015 appropriates \$4 million for community recidivism and crime reduction services.

Budget Act Item 5227-101-3259 Chapter 10, Statutes 2015

Fiscal Year: 2015

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

Payment Calculations:

Gross Claim	\$5,000.00
Net Claim / Payment Amount	\$5,000.00
YTD Amount:	\$5,000.00

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

2/16/2016

8