Request for Payment of a Non-Formula Grant

				Date: April 8	, 2014				
1.	SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213								
	(Check unit below according to source of funds.) ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323-2246 ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USDHHS 322-3020								
2.	Program Title: Carl D. Perkins Career and Technical Education Act of 2006								
3.	Fiscal Year: 2013-14	4. Index Code: 0615			A Code: 894				
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: 3550								
7.	Total of This Request: \$4,024,321.37								
8.	Program Contact For Questions	Regarding This Re	quest:						
Nai Rad	me: chel Moran		Title: Associate Governmental Program Analyst						
Uni CT	t: EAMO				Phone: 323-5741				
9. CERTIFICATION OF AUTHORIZING AGENT: I hereby certify that to the best of my knowledge and belief: (a) the information entered on this request and the attached payment schedule is accurate and I hereby authorize payment of funds, and (b) the program unit responsible for this request has received appropriate assurances indicating that each grantee will abide by the terms of the grant.									
	me: (Print or Type) ssell Weikle		Title: Division Director						
Sig	nature:				Date:				
10.	Attach a schedule of payments with sub-totals by county and district.								
11.	Send an electronic file of this	Send an electronic file of this request to the "payments" mailbox.							
12.	COE'S and program contacts	will be notified b	y e-mail once claim	sched	ules are sent to SCO.				

C	ò	FY	PCA	Vendor	Suf	LEA	Released	PaymentAmount	County	County Total
	9	13	14894	6185	00	El Dorado Union High	\$0.00	\$26,922.19	El Dorado	\$26,922.19