Request for Payment of a Non-Formula Grant

				Date: March	19, 2015				
1.	SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213								
	(Check unit below according ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323- ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USD	2246	s.)						
2.	Program Title: Alternate Dispute Resolution								
3.	Fiscal Year: 2013–14	4. Index Code: 0663			A Code: 007				
6.	School (SACS) Accounting Codes: Resource Code: 3395 Revenue Object Code: 8182								
7.	Total of This Request: \$11,250								
8.	Program Contact For Questions	Regarding This Re	quest:						
Nar Del	me: bbie Rizzo/Beckie Robinson		Title: Associate Governmental Program Analysts						
Uni Adr	t: ministrative Services Unit, Grants				Phone: 916-327-3676/327-3530				
9.	the information of AUTHORIZ the information entered on t authorize payment of funds, a assurances indicating that ea	his request and the and (b) the program	e attached payment unit responsible for t	schedu his requ	ule is accurate and I hereby				
	me: (Print or Type) d Balcom		Title: Director, Special Education Division						
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.				

Grant Payment													
Alternate Dispute Resolution													
Fiscal Year 2013–14													
Index 0663, Program Cost Account 13007													
Star	dard	ized Acc			ure - Resource Code/Revenue Object Co	ode 3395/8 ²	182						
County Code-County			Vendor			SELPA *		County					
Treasurer	FY	PCA	Number	Suffix	Agency Name	Code	Payment	Totals					
	13	13007	1009	01	El Dorado County Office of Education	0901	\$11,250						
09-EL DORADO COUNTY TREASURER Total						\$11,250							
					Total		\$11,250	\$11,250					