

**REQUISITION ON COUNTY
AUDITOR
FOR INTERFUND CASH TRANSFER**

Auditor Date:	_____
Entered Date:	_____
Office of Educ. Date:	1/9/2015
AT Number:	A002852

COUNTY AUDITOR USE ONLY		Fund No.	83000	10100	ACCOUNT NUMBER									
DIST. NO	DISTRICT OR FUND NAME	ORACLE #	DEBIT	CREDIT 9110 CASH (No Post FA)	Fund Sub	Resrcr-Sub	Goal	Func-Sub	Objt-Sub	Sch	Loc	Cst	PJYr	
090	DISTRICT ACCOUNTING SERV	46600	4,609,983.00	4,609,983.00	76-96	0000-000	0000	0000-000	8930-000	000				
COUNTY AUDITOR USE ONLY		Fund No.	10100	80100	ACCOUNT NUMBER									
DIST. NO	DISTRICT OR FUND NAME	ORACLE #	DEBIT 9110 CASH (No Post FA)	CREDIT	Fund Sub	Resrcr-Sub	Goal	Func-Sub	Objt-Sub	Sch	Loc	Cst	PJYr	
052	PALOMAR COMM COLLEGE	58209	834,200.00	834,200.00	-	-		-	-					
053	GROSSMONT-CUYAMACA C C	58200	788,699.00	788,699.00	-	-		-	-					
054	MIRACOSTA COMM COLLEGE	58227	463,391.00	463,391.00	-	-		-	-					
055	SOUTHWESTERN COM COLLEGE	58263	665,586.00	665,586.00	-	-		-	-					
060	SAN DIEGO COMMUNITY COLLEGE	58239	1,858,107.00	1,858,107.00	-	-		-	-					

EXPLANATION:
2014-15 REIMBURSEMENT OF STATE-MANDATED LOCAL PROGRAM COSTS.

REF: STMANDATED-CC 0108
PHONE NUMBER (858) 569-5324
Date: 1/9/2015

Examined, Approved, and Allowed
BY: *W. J. [Signature]*
Deputy Auditor and Controller

Requisition Authorized by: MARIA SOTO DELFIN

 Form 290d - Financial Acctg San Diego County Office of Education

DR 1102300 - 9110
CA 1100300 - 8691 Dood
Cost?

*ONE-TIME State
14-15 State-Mandated*