California Department of Education Expanded Learning Division 21st Century Community Learning Centers-Science, Technology, Engineering, Arts, and Mathmatics Fiscal Year 2023-24 Local Education Agency Index 0150, Program Cost Account 14350, Project 0000492 Standarized Accounty Code Structure / Revenue Budget Code: 8290 Standarized Accounty Code Structure / Resource Code: 4123								
County Treasurer	County Code	PCA	Service Location Field	Suffix	Grantee	Payment Amount		
Ventura	56	14350	10561	01	Ventura County Office of Education	\$40,250.00		
					Total	\$40,250.00		

VCOE
DD3/20/24
CR223550
010-8290-4123

VOUCHER ID	INVOICE ID
00405638	23-14350 02-21-2024
AMOUNT PAID	
\$40250.00	

## California Department of Education Expanded Learning Division 21st Century Community Learning Centers-Science, Technology, Engineering, Arts, and Mathmatics Fiscal Year 2023-24 Local Education Agency Index 0150, Program Cost Account 14350, Project 0000492 Standarized Accounty Code Structure / Revenue Budget Code: 8290 Standarized Accounty Code Structure / Resource Code: 4123 2/21/2024/Batch # 1

County	County Name	Amount	Voucher Number
56	Ventura	\$40,250.00	00405638
	Statewide Total	\$ 40,250.00	

## Request for Payment of a Non-Formula Grant

			Date:	
1. SEND AN ORIGINAL AND TW Accounting Office 1430 N Street Suite 2213	O COPIES OF THIS CON	IPLETED REQUES	ΤΟ:	
(Check unit below accordi ☐ State Funds 445-5787 ⊠ Federal Funds-USDOE ☐ State Operations 323-4 ☐ Federal Funds-USDA &	323-2246 798			
<ol> <li>Program Title:</li> <li>21<sup>st</sup> Century-Science, Technology</li> </ol>	ology, Engineering, Arts,	and Mathematics	Grant	
3. Fiscal Year: 2023-24	4. Index Code: 0150		5. PCA Code: 14350	
6. School (SACS) Accounting ( Resource Code: 4123	Codes:	Revenue Object	Code: 8290	
7. Total of This Request: \$				
8. Program Contact For Quest	ions Regarding This Re	quest:		
Name: Anna Lee		Title: SSA		_
Unit: Expanded Learning Division		•	Phone: 916-319-0540	)
	this request and the attac b) the program unit resp	ched payment sche onsible for this req	e best of my knowledge a edule is accurate and I he uest has received approp	ereby authorize
Name: (Print or Type) Michael Funk		Title: Director		
Signature:		I	Date:	
•				
10. Attach a schedule of payr	nents with sub-totals by	y county and distr	ict.	