Workforce Innovation and Opportunity Act, Title II										
Fiscal Year 2023–24 LEA										
Quarter	County Treasurer	County Code	Fi\$Cal Supplier ID	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount	
1	Ventura	56	000001357	14109	3926	42		Conejo Valley Unified School District	\$13,401	
1	Ventura	56	000001357	14109	3926	42	72546	Oxnard Union High School District	\$10,334	
1	Ventura	56	000001357	14109	3926	42	72603	Simi Valley Unified School District	\$14,828	
1	Ventura	56	000001357	14109	3926	42	72652	Ventura Unified School District	\$23,925	
								Statewide Total	\$62,488	

VCOE Depsoit Date 1.8.24 CR218540 110-8290-3926

VOUCHER ID	INVOICE ID
00392609	23-14508 11-03-2023
AMOUNT PAID	

\$375783.00

Request for Payment of a Non-Formula Grant

				Date: 11/3/2023				
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 & USE	-2246	s.)					
2.	Program Title: Workforce Innovation and Oppor	rtunity Act, Title II: A	Adult Ed. and Family	Literacy Act, Public Law 113-128				
3.	Fiscal Year: 2023-24	4. Index Code: 0615		5. PCA Code: See Attached				
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached							
7.	Total of This Request: \$2,837,120							
8.	Program Contact For Questions	Regarding This Re	equest:					
	me: arlie Brenneman		Title: AGPA					
Un Ad	it: ult Education Office			Phone: 916-323-5635				
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) te Callas		Title: Division Director					
Signature:			1	Date:				
10.	0. Attach a schedule of payments with sub-totals by county and district.							
11.	1. Send an electronic file of this request to the "payments" mailbox.							
12.	COE'S and program contacts	s will be notified b	y e-mail once claim	schedules are sent to SCO.				