<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>Fiscal Year</th>
<th>PCA</th>
<th>Suffix</th>
<th>Grantee Name</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura</td>
<td>2021</td>
<td>25445</td>
<td>00</td>
<td>Ventura County Office of Education</td>
<td>$13,393.06</td>
</tr>
</tbody>
</table>
Request for Payment of a Non-Formula Grant

Date: November 16, 2022

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:
   Tobacco-Use Prevention Education County Technical Assistance, Proposition 56

3. Fiscal Year: 2021-22
4. Index Code: 0590
5. PCA Code: 25445

6. School (SACS) Accounting Codes:
   Resource Code: 6685
   Revenue Object Code: 8590

7. Total of This Request: $238,631.30

8. Program Contact For Questions Regarding This Request:

   Name: Rachael Gutierrez
   Title: Associate Governmental Program Analyst
   Unit: Tobacco-Use Prevention Education
   Phone: 916-319-0196

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.

   Name: (Print or Type)
   Lisa Borrego
   Title: Division Director
   Signature:
   Date:

10. Attach a schedule of payments with sub-totals by county and district.

11. Send an electronic file of this request to the “payments” mailbox.

12. COE’S and program contacts will be notified by e-mail once claim schedules are sent to SCO.
TO: COUNTY OF VENTURA
TREAS C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798-0307

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

ISSUE DATE: 12/23/2022
DEPARTMENT OF EDUCATION
CALIFORNIA DEPARTMENT OF EDUCATION/FASD STATEOPS@CDE.CA.GOV 14
SACRAMENTO CA 95814
FOR QUESTIONS CONTACT ACCOUNTING DEPARTMENT AT 916/445-3497

VENDOR NAME: COUNTY OF VENTURA
VENDOR ID: 0000001357

VOUCHER ID: 00339212
INVOICE ID: 21-25445
PO ID: 11-16-2022
PO ID: 0000024474

AMOUNT PAID: $13393.06

PAYMENT MESSAGE:
PYMT INQUIRIES: (916) 445-3497

ADDITIONAL PAYMENT MESSAGE: