

Attachment C
Copy of Check



STATE OF CALIFORNIA

WARRANT NUMBER
67-215120

THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO.

0000007293

0000

FUND NO.
8087

FUND NAME
FISCAL CONSOLIDATED PMT

MO. DAY YR.
05 17 2024

90-1342/1211
67215120

TO: 215120

--- CITY OF VICTORVILLE
PO BOX 5001
VICTORVILLE CA 92393-5001

DOLLARS	CENTS
\$**363315.00	

Malia Cohen
MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

FORM CD-45(1/99) CONTROLLERS WARRANT

1211134231 6721512031

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

67-215120

ISSUE DATE: 05/17/2024

RESOURCES RECYCLING & RECOVERY
1001 I ST. P.O. BOX 4025

SACRAMENTO CA 95812-4025

FOR QUESTIONS CONTACT ACCOUNTING DEPARTMENT AT 916/341-6645

VENDOR NAME

VENDOR ID

CITY OF VICTORVILLE

0000007293

VOUCHER ID

INVOICE ID

PO ID

00195924

OWR4-22-0470

0000014122

AMOUNT PAID

\$363315.00

PAYMENT MESSAGE

ATTN: PUBLIC WORKS

ADDITIONAL PAYMENT MESSAGE

SB1383 ORGANIC WASTE RECYCLING 4 GRANT PAYMENT PROGRAM