

Attachment C

Copy of City/County Payment Program Cycle 23-24 Grant Check

**STATE OF CALIFORNIA**

67-322374

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

0000007293

FUND NO.
8087FUND NAME
FISCAL CONSOLIDATED PMTMO. DAY YR.
05 31 2024

90-1342/1211

67322374

TO: 322374

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

DOLLARS	CENTS
\$***34615	.00


MALIA M. COHEN


CALIFORNIA STATE CONTROLLER

FORM CD-85(7/99) CONTROLLERS WARRANT

⑈121113423⑈ 673223742⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

67-322374

ISSUE DATE: 05/31/2024

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

00196951

CCP-23-317

0000014466

AMOUNT PAID

\$34615.00

PAYMENT MESSAGE

CAMBRIA CARROLL

ADDITIONAL PAYMENT MESSAGE