

Attachment C
Copy of OPP 14 Grant Check



STATE OF CALIFORNIA

WARRANT NUMBER

66-920131

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

0000007293

0000

FUND NO. FUND NAME
8087 FISCAL CONSOLIDATED PMTMO. DAY YR.
04 11 2024

90-1342/1211

66920131

TO: 920131

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

DOLLARS	CENTS
\$***18867	.00


MALIA M. COHEN


CALIFORNIA STATE CONTROLLER

FORM CD-65(1/89) CONTROLLERS WARRANT

⑈121113423⑈ 669201318⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-920131

ISSUE DATE: 04/11/2024

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

00193186

OPP14-23-0028

0000013756

AMOUNT PAID

\$18867.00

PAYMENT MESSAGE

ATTN: ENVIRON PROGRAMS DIV

ADDITIONAL PAYMENT MESSAGE

USED OIL PAYMENT PROGRAM (OPP14)