**7955 Illustration 1**

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|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | REPORT NO. 3 Form 576 A (Rev. 7/19) | **Adjustments to Controller's Accounts** |   |
|   | **SCO USE ONLY** |   |
|   | Document No. | CCYYMMDD | Fund | Agency | June 30, 20XX |   |
|   | **B** |   |   |   | Page 1 of 2 |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Agency Name and Number | Fund Name and Number |   |
|   | **Agency (5555)** |   |   | **Training Fund (1234)** |   |
|   | Name of Contact Person, Title | Telephone Number | Email Address |   |
|   | **Jane Smith, Accounting Administrator** |   | **916-555-0000** | **JSmith@Agency.ca.gov** |   |
|   |   |   |
|   | **ACCOUNT TITLE** |   |   |   |   |   | **ACCOUNT** | **AMOUNT** | **D****C** |   |
|   | DUE FROM OTHER FUNDS | 1/ | 1 | 4 | 1 | 0 |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | DUE FROM OTHER APPROPRIATIONS | 2/ | 1 | 4 | 2 | 0 |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | DUE TO OTHER FUNDS |  1/ | 3 | 1 | 1 | 4 |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | DUE TO OTHER APPROPRIATIONS | 2/ | 3 | 1 | 1 | 5 |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | REIMBURSEMENTS COLLECTED IN ADVANCE |   | 3 | 4 | 2 | 0 |   | 768,931.73 | D |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|   | ORIGINAL - State Controller's Office, State Accounting and Reporting Division  |   |   |   |   |   |   | **768,931.73** | **D** |   |
|   | 1/ Specify the funds to which this pertains. |   |
|   | 2/ Specify the four-digit org code to which this pertains. |   |
|   | **NOTE:** Adjusting entries must be accompanied by an attachment (e.g. transaction request) explaining the reason for the adjustment. |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |