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| **7955 Illustration 2** | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | | |  | |  | |  | | | | |  | |  | |  | |  | |  | | |  |
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|  | REPORT NO. 3 Form 576 B (Rev. 4/17) | | | | | | | |  | |  | |  | | | |  | | **Adjustments to Controller's Accounts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **SCO USE ONLY** | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |  | |  | |  | | | | | | |  |  |  | | | |  | | | | | | |  |  |
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|  | **B** |  |  |  |  |  | |  | |  | | |  | | | |  | |  | | | | | | | |  | |  | |  | |  | | | | | | |  |  |  | | | | Page 2 of 2 | | | | | | | |  |
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|  | **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**](mailto:Jsmith@Agency.ca.gov) | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **APPROPRIATION AND REVENUE ACCOUNT TITLES** | | | | | **FY** | | **M** | | **REF/ ITEM** | | | **CAT** | | | | **PGM** | | **ELE** | | | **COMP** | | | | **TASK** | | | | **T** | | **SOURCE FUND** | | | | | | | | **B** | **S**  **C**  **O** | **REVENUE/ OBJECT** | | | | **AMOUNT** | | | | | | | **D**  **C** |  |
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| ORIGINAL - State Controller's Office, State Accounting and Reporting Division | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | |  | |  | |  |  |  | | |
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