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|   | REPORT NO. 3 Form 576 B (Rev. 4/17)  |   |   |   |   | **Adjustments to Controller's Accounts** |  |
|   | **SCO USE ONLY** |  |  |  |  |  |  |  |  |  |  |  |
|   | Document No. | CCYYMMDD | Fund |   | Agency |  June 30, 20XX |   |   |  |
|   | **B** |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |  Page 2 of 2  |  |
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|   | 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** |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | **APPROPRIATION AND REVENUE ACCOUNT TITLES** | **FY** | **M** | **REF/ITEM** | **CAT** | **PGM** | **ELE** | **COMP** | **TASK** | **T** | **SOURCEFUND** | **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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