

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

PUBLIC WORKS PROJECT AUTHORIZATION AND TRANSFER REQUEST

DGS-RESD FORM

PCBU NUMBER 7760J	AGREEMENT ID NUMBER 185022 -A-22
PCBU NAME Architectural & Engineering	AMENDMENT NUMBER
PROJECT ID DGS000000142016	DATE 5-Nov-18

The Department of General Services is hereby authorized to proceed with the following project. Pursuant with section 14957, et.seq. of the Government Code. The State Controller is hereby notified of funds needed for the described project. Transfer of funds to hte Architecture Revolving Fund is to be processed when payment of expenditure is presented.

**DESCRIPTION OF PROJECT
SAN JOSE REGIONAL OFFICE EXPANSION
CALIFORNIA HIGH SPEED RAIL AUTHORITY
SAN JOSE , CALIFORNIA**

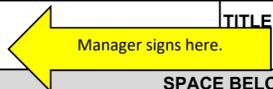
This document will be used to **transfer** funds to the Architectural Revolving Fund (ARF) for the **Construction** phase for the above referenced project.

These funds will be used for the Design and Costruction of a new office space for the California High Speed Rail Authority in San Jose, CA. The funds will allow the Department of General Services, Real Estate Services Division, Project Management and Development Branch to complete tenant improvements, including space planning, design and the purchase of modular furniture and any other expense related to the completion of this project.
TOTAL ESTIMATED PROJECT COST: \$498,763.00.

Originating Office: AMB-Portfolio Management
Funding Purpose: Tenant Improvement

PROJECT DIRECTOR Bradley Tress 916-375-4135	FORM 22	PRIOR TRANSFERS TO DATE \$0.00	TOTAL ESTIMATED PROJECT COST \$498,763.00	AMOUNT TO BE TRANSFERRED \$11,922.00
---	-------------------	--	---	--

SIGNATURE	TITLE Jim Martone, Chief, AMB
------------------	---

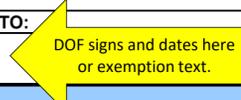


SOURCE OF FUNDS		AGENCY APPROPRIATION	
Other (specify): General Fund	CHP/YR 29/2018	ITEM 7760-001-0666	
Program:		Reporting Structure:	
Account:		Alt Account:	

CLIENT AGENCY CERTIFICATION			
I hereby certify upon my own personal knowledge that the budget funds are available for this encumbrance.			
SIGNATURE (Agency Budget Officer)	TITLE Budget Analyst	PHONE NO. (916) 376-5145	DATE
SIGNATURE (Authorized Agency Signature)	TITLE Chief, Asset Management Branch	PHONE NO. (916) 376-1816	DATE



DEPARTMENT OF FINANCE APPROVAL			
EXECUTIVE ORDER NO.:	FUND SHIFT	FROM:	TO:
SIGNATURE	TITLE	DATE	



FORM 220 ONLY TRANSFER REQUEST (COA USE ONLY)	
The State Controller is hereby requested to transfer these funds to the ARF in accordance with Chapter 6, Statutes of 1987, transfer cash to cover expenditure for:	AMOUNT TO BE TRANSFERRED:
FOR CONTROLLER'S USE ONLY	
SCO ACCOUNT NUMBER (Appropriation Account No.)	REVERSION DATE
Bond Loan Proceeds/Upfront Bond Sale Proceeds Sub-Cash Account No. (Cash Reimbursement Account No.)	

DISTRIBUTION: 1: Original-Controller Accounting 2: RESD-PMDB Z-1, 707 3rd St., 4th Flr 3: Agency 4: DOF 5: DGS Accounting Z-1, 707 3rd St., 10th Floor