**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**](mailto: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 |  |  |  |  | |
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|  | DUE TO OTHER FUNDS | | | | | 1/ | 3 | 1 | 1 | 4 |  |  |  |  | |
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|  | 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. | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |