

*Financial Services*  
401 Golden Shore, 5th Floor  
Long Beach, CA 90802-4210

[www.calstate.edu](http://www.calstate.edu)

**Date:** July 8, 2008

**Code: ADNOAT 08-076**

**To:** Financial Managers  
Accounting Managers  
Financial Services, Accounting

**From:** George V. Ashkar  
Senior Director, Controller  
Financial services, Accounting

**Subject:** *Transfer Fullerton balance from 0573 to 0948*

**Transfer Request: 079228**  
**Legal Posting FY 2007/08**  
**GAAP Posting FY 2007/08**  
**(When GAAP year + Legal year, no GAAP entry is needed)**

The State Controller's Office has been requested to transfer Fullerton remaining balance of 683.99 from, 0573 to 0948 fund. The attachment will give you the details of the charges.

Questions or comments regarding this ADNOAT or the FIRMS Object Code should be directed to Angeline Renaud at (562) 951-4613 or via email at [arenaud@calstate.edu](mailto:arenaud@calstate.edu).

GVA:AR:td

ADNOAT 08-076  
Attachment

**CSU Campuses**  
Bakersfield  
Channel Islands  
Chico  
Dominguez Hills  
East Bay

Fresno  
Fullerton  
Humboldt  
Long Beach  
Los Angeles  
Maritime Academy

Monterey Bay  
Northridge  
Pomona  
Sacramento  
San Bernardino  
San Diego

San Francisco  
San José  
San Luis Obispo  
San Marcos  
Sonoma  
Stanislaus

STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE C C C C M M D D	MSG Code
JE		

STATE OF CALIFORNIA  
OFFICE OF THE STATE CONTROLLER  
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC Code	VERIFIED BY:
36	DATE:

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Agency: <b>TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY</b>	Address: <b>401 GOLDEN SHORE, 5TH FLOOR, LONG BEACH, CA 90802-4210</b>	Agency Document Number: <b>PFA079228</b>
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FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO USE	REV / OBJ	AMOUNT	D C	A	T	O	B	SOURCE FUND
0573000	6710	1967		501												683.99	D	D				
<b>PFA 079228 JUNE 2008</b>				<b>CH. 89704</b>										<b>CONTINUING EDUCATION FUND</b>								
0948000	6710	1971		510												683.99	C	D				
<b>PFA 079228 JUNE 2008</b>				<b>CH. 89720-89724</b>										<b>SPECIAL TRUST FUND</b>								

<b>TYPE OF TRANSACTION:</b> PLAN OF FINANCIAL ADJUSTMENT  <b>LEGAL AUTHORITY AND REASON FOR REQUEST:</b>  I HEREBY CERTIFY THAT THIS REQUEST FOR FINANCIAL ADJUSTMENT REFLECTS TRUE AND CORRECT AMOUNTS AND IS IN ACCORDANCE WITH A CONTINUING PLAN OF FINANCIAL ADJUSTMENT APPROVED BY THE STATE CONTROLLER ON MARCH 28, 2007	I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.  <b>AUTHORIZED SIGNATURE: Lilian Audet, Supervisor of Revenue Mgmt Program</b>  <b>CONTACT PERSON: Angelene Renaud</b>  <b>PHONE FOR CONTACT: (562) 951-4613</b> <b>DATE: 06/18/08</b>
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