

**DEPARTMENT OF CORRECTIONS  
ACCOUNTING  
DOCUMENT TRANSMITTAL**

FACILITY/UNIT/PROBATION AND PAROLE SERVICES REGION

TRANSMITTAL NUMBER

DATE PREPARED

FUNDING CLASS

SUBMITTED BY

DEPARTMENT

A/P ENTERED DATE(S)

FISCAL YEAR \_\_\_\_\_

CFDA NUMBER

BY \_\_\_\_\_

	GOODS / SERVICE DATE	INVOICE DATE	INVOICE NUMBER	LINE #	SCH #	DIST #	QTY	VENDOR OR PAYEE	VOUCHER NUMBER	ACCOUNT CODE	OCI SUB ACTIVITY	ORDER TYPE / NUMBER	AMOUNT	INVOICE RECEIVED DATE
1														
2														
3														
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