State of California COMMISSION ON STATE MANDATES 1414 K Street, Suite 315 Sacramento, CA 95814 (916) 323-3562 CSM 2 (2/91)

INCORRECT REDUCTION CLAIM FORM

For Official Use Only

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OCT 1 6 2002

COMMISSION ON STATE MANDATES

Claim No.

02-9635802-I-67

Local Agency or School District Submitting Claim

City of Stockton

Contact Person

Telephone No.

David Wellhouse

(916) 368-9244

Address

9175 Kiefer Blvd., Suite 121 Sacramento, CA 95826

Representative Organization to be Notified

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17551(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

| , , , , , , , , , , , , , , , , , , , | Fiscal Year* | Amount of the Incorrect Reduction | |
|---------------------------------------------------|--------------|-----------------------------------|---|
| | 1995/96 | \$ 15,389 | · |
| | 1996/97 | \$12,270 | |
| * Jan. 1 | 1998/99 | \$10,389 | |

*More than one fiscal year may be claimed.

IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.

Name and Title of Authorized Representative

Telephone No.

Janet Salvetti

Finance Officer

209, 937-8360

Signature of Authorized Representative

Date

X

INCORRECT REDUCTION CLAIM OF THE CITY OF STOCKTON

Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 Investment Reports

AUTHORITY FOR THE INCORRECT REDUCTION CLAIM

The Commission on State Mandates ("Commission") has the authority pursuant to Government Code, Section 17551(b) to "hear and decide upon a claim by a local agency or school district filed on or after January 1, 1985, that the State Controller's Office ("Controller") has incorrectly reduced payments to the local agency or school district pursuant to paragraph (2) of subdivision (d) of Section 17561." The City of Stockton ("City") is a local agency as defined in Government Code, Section 17518.

CLAIM REQUIREMENTS OF THE INCORRECT REDUCTION CLAIM

The following elements and documents of this claim are provided as required by Section 1185 of the California Code of Regulations:

A narrative of the Incorrect Reduction Claim,

A copy of letter(s) if available, from the Controller (Notice of Claim Adjustment) which explains the reason for the disallowance.

A copy of a letter sent by the City to the Controller explaining why the reduced amounts should be restored.

Declaration authenticating all documentary evidence included in this Incorrect Reduction claim.

Copies of the claims filed by the City of Stockton.

STATEMENT OF THE ISSUES

The amount claimed by the City of Stockton for reimbursement of the costs of the mandate imposed by Chapter 783/95 represents the costs incurred by the City in carrying out the mandated activities. These costs were properly and fairly claimed under the Parameters and Guidelines for Chapter 783, Statutes of 1995 adopted by the COSM as well as the Claiming Instructions prepared by the State Controller's Office. Reimbursement of these costs is required under Article XIIIB, Section 6 of the California Constitution.

The adjustments to the City's reimbursement claims by the Controller's Division of Accounting have no force or effect in law since:

- a) The Controller did not audit the claims or the records of the City of Stockton prior to denial of payment to verify the actual amount of the mandated costs, as is required by Government Code, Section 17561(d)(1)(A).
- b) The Controller cannot make a determination in fact or law that the amounts claimed are excessive or unreasonable as required by Government Code, Section 17561(d)(1)(a) because such a determination can only be made following a proper audit, and the Controller did not audit the claims.

- c) The adjustments made by the Controller are not supported by the evidence, and are arbitrary, capricious and contrary to law.
- d) The State Controller's Office reduced the amount claimed for software costs. This appears to be the case with all claims submitted. The software claimed in many of the claims filed is used solely for the purposes of producing the required report of investments. In the prior filing of Investment Report claims in the Spring of 1991, the State Controller's office allowed the exact costs that are now denied.
- e) This incorrect reduction claim has been timely filed.
- f) Because the Controller has enforced and is seeking to enforce its adjustment in contravention to the requirements of Government Code, Section 17561 and the Constitution of the State of California, the burden of proof is upon the Controller to establish a legal basis for its actions. The City has met its burden of going forward on this claim through its compliance with Section 1185, Title 2, California Code of Regulations.

NARRATIVE OF THE INCORRECT REDUCTION CLAIM

The State Controller's Office ("Controller") incorrectly reduced the claims of the City for reimbursement of the City's costs of implementing the requirements of Chapter 783, Statutes of 1995. The Controller alleges that an excessive amount of time was claimed and/or that "costs not mandated" were present within the claim. All of the claims filed by the City complied with the parameters and guidelines and Claiming Instructions No 98-2 for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996 and are supported by substantial documentation and evidence. However, the Controller's reduction of these claims is arbitrary, capricious, and contrary to law.

BACKGROUND OF THE INVESTMENT REPORT MANDATE

"On March 27, 1997, the Commission determined that the provisions of Government Code section 53646, subdivisions (a), (b) and (e), as added by Chapter 783, Statutes of 1995, and amended by Chapters 156 and 749, Statutes of 1996 imposed a new mandate or higher level of service in an existing program upon local agencies within the meaning of section 6, article XIIIB of the California Constitution and section 17514 of the Government Code by requiring these agencies to perform the following activities:

To render an annual statement of investment policy pursuant to Government Code section 53646, subdivision (a).

To render quarterly reports of investments, as specified, pursuant to Government Code section 53646, subdivisions (b) and (e)."

PARAMETERS AND GUIDELINES

On November 20, 1997 the Commission adopted parameters and guidelines (P's & G's) for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996. The P's and G's provided that any city, county, school district or special district was eligible to file claims for reimbursement of the costs that they incurred for any period on or after January 1, 1996. These costs were separated into two (2) sections. The first section labeled V (B) (1) in the Commission approved parameters and guidelines was the Statement of Investment Policy. The reimbursable activities listed under this section include "Prepare and submit the annual statement of investment policy, and changes to:

a. The legislative body and any oversight committee for consideration at a public meeting, effective January 1, 1996.

b. The county board of supervisor and any oversight committee for review and approval at a public meeting, effective January 1, 1997.

The second section labeled V(2) (a) and (b) in the Commission approved parameters and guidelines is listed as "Quarterly Report of Investments". This section is broken down into two (2) categories. The first category listed as "Implementation Costs", includes the following reimbursable activity:

(a) "Develop or modify existing policies and procedures for accumulating and compiling data to prepare the quarterly report of investments, as required in section 53646, subdivisions (b)(1), (2), (3) and/or (e)".

The second category listed as "Ongoing Costs", includes the following reimbursable activities:

- (1) "Accumulate and compile data necessary to prepare the quarterly reports of investments, as required in Government Code section 53646, subdivision (b)(1), (2), and (3) and/or (e).
- (2) "Render a quarterly report of investments to the chief executive officer, the internal auditor, and the legislative body of the local agency or school district, as required in Government Code 53646, subdivision (b)(1).

THE CONTROLLER'S CLAIMING INSTRUCTIONS

The Controller issued its original Claiming Instructions for Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996 on January 20, 1998. The reimbursable activities listed in section 6 of Claiming Instructions No. 98-2 are identical to the reimbursable activities in the Commission approved parameters and guidelines detailed above.

THE CITY'S CLAIMS

The City timely filed claims for reimbursement of costs incurred in implementing Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996. All claims were completed in accordance with the Claiming Instructions in effect on the date of the claim. A true and correct copy of the City's claims are attached.

THE CONTROLLER'S NOTICE OF CLAIM ADJUSTMENT

The Controller sent the first remittance advices dated October 12, 1999, to the City indicating that the City's claims had been reduced substantially. These remittance advice merely state that the claims were reduced for "excessive time and/or "costs not mandated" and/or Indirect Cost Calc Incorrect". The Controller's October 12, 1999, Notice of Claim Adjustment did not give any more information about why the claims had been reduced or the basis and methodology used to reduce them. It was determined later that the reduction for "Indirect Cost Calc Incorrect" meant that the total salaries and benefits in which the indirect cost rate was applied were reduced by the State Controller's Office resulting in a new base amount of salaries and benefits determined by the State Controller's Office. This was not a calculation error but rather a change to the claim brought on by the reduction of salaries and benefits costs by the Controller.

THE CITY'S CLAIMS COMPLIED WITH THE CLAIMING INSTRUCTIONS AND PARAMETERS AND GUIDELINES REQUIREMENTS

The City's original claims complied with all requirements for payment under the State Controller's Claiming Instructions No 98-2. The City only claimed time that is allowed under the parameters and guidelines. The Controller arbitrarily reduced the claims of the City without identifying specifically which of the documented

costs or documentation it deemed to be inappropriate and without allowing the City any opportunity to adequately defend these claims due to the lack of information given by the Controller for the reduction of these claims.

THE CITY'S CLAIMS ARE PROPER, REASONABLE AND NOT EXCESSIVE

The City timely filed the reimbursement claims. The claims submitted by the City are for costs identified in the parameters and guidelines as approved by the Commission and the claims comply with Claiming Instructions No 98-2 issued by the Controller. The City complied with all requirements for reimbursements that were stated in both the claiming instructions and the parameter and guidelines. The City's claims were reduced and/or denied in totality because the State Controller's Office determined for some unknown reason and method that "excessive time" and/or "costs not mandated" or the Controller's Office created reason "Indirect Cost Calc Incorrect". The City is entitled to full reimbursement of the claims filed under Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.

THE STATE CONTROLLER'S OFFICE FAILED TO IDENTIFY SPECIFIC COSTS WHICH ARE INELIGIBLE FOR REIMBURSEMENT AND HAS ARBITRARILY AND INCORRECTLY REDUCED THE CITY'S COSTS

The State Controller's Office is required by law to pay the claims submitted by the City as specified in Government Code, section 17561(d). Adjustments to the claims can only be made following an audit of the claims by the Controller as specified in Government Code, Section 17561(d)(2), The Controller did not truly perform any audit of the City's claims or supporting documents. The Controller did not identify any specific costs that it alleges to be improperly claimed under the amended Parameters and Guidelines and the Controller's own Claiming Instructions. Instead, the Controller ignored the Parameters and Guidelines, the Claiming Instructions, the City's claims, and the supporting documentation and reduced or denied the City's claims based on the Controllers own internal criteria for determining what it would reimburse by substituting an arbitrary percentage of time for preparation of the required Annual Investment Policy, and reduced or abolished the time spent in the accumulation of the data required for the Quarterly Reports of Investment, as well as, the preparation, and review of the required investment report. All software costs were denied stating "costs not mandated" for software used specifically to prepare the required report of investments just as it was used many years earlier in a more primitive form when local agencies were required to submit a monthly report of investments as required by Chapters 1226, Statutes of 1984, and Chapter 1526, Statutes of 1985. The State Controller's Claiming Instruction No 91-8 for the reimbursement of the activities required by these two (2) statues states the following in section 5.4:

Costs to acquire specialized software for compilation of the investment report and cash flow projections are reimbursable. If hardware investment is required, percentage use of this hardware is reimbursed.

In the event that the City discovers additional information or documentation pertinent to this claim is discovered, the City respectfully reserves the right to amend this Incorrect Reduction Claim to include a request for official notice of such information and documentation.

The actions of the Controller were arbitrary and capricious and contrary to law. The Commission on State Mandates should (1) find that the claims submitted by the City of Stockton were in compliance with the Parameters and Guidelines approved by the Commission and the Claiming Instruction No 98-2 issued by the State Controller's Office; (2) that the claims were supported by proper documentation, that the costs claimed by the City are all reimbursable pursuant to Article XIIIB, Section 6 of the California Constitution, under the Statement of Decision, Parameters and Guidelines and under the Claiming Instructions No 98-2; and (4) direct the Controller to immediately pay the entire amount of the City's claims.

CERTIFICATION

I certify by my signature below that the statements made in this document are true and correct of my own knowledge, or as to all other matters, I believe them to be true and correct based upon information and belief.

Executed this October 11, 2002, at Sacramento, California.

David E. Wellhouse

President

David Wellhouse & Associates, Inc.



CITY OF STOCKTON

ADMINISTRATIVE SERVICES

City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1997 • 209/937-8460 • Fax 209/937-8844 www.stocktongov.com

June 13, 2002

Ms. Ginny Brummels, Section Manager Local Reimbursements - State Controller's Office Division of Accounting and Reporting 3301 C Street, Suite 500 Sacramento, CA 95816

RE: Request to return funds of fiscal year(s) 1995/96, 1996/97, 1997/98, and 1998/99 Investments Reports state mandated cost claims incorrectly withheld by the State Controller's Office

The purpose of this letter is to request the reinstatement of all funds withheld as shown by the Controller's remittance advice and claim adjustment letters for fiscal year(s) 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims filed with the State Controller's Office on May 20, 1998 and January 15, 1999. The letters received from the Controller's Office incorrectly reduced the City's claims stating that the City of Stockton had filed for "costs not mandated" and/or "excessive time". This reduction is reminiscent of the denial of cost letters the City received for the Open Meetings Act claims. In this case the Controller's Office denied significant portions of these claims for similar reasons. These claims were reduced with out conducting an audit to determine if in fact they were excessive. The City's Investment Report claims seem to fall into the same category as the prior Open Meetings claim because they apparently were reduced using the same type of audit guidelines used previously by the State Controller and found invalid and contrary to law by the Office of Administrative Law in their written opinion 1999 OAL Determination No. 25 dated October 29, 1999.

The City of Stockton formally requests the State Controller's Office return all amounts withheld for the 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims timely filed and delivered to your office on May 20, 1998 and January 15, 1999. The City believes that all costs claimed are appropriate costs under the State Controller's Claiming Instructions and the current Parameters and Guidelines adopted by the Commission on State Mandates.

Thank you in advance for your assistance. Should you have any questions, please call David Wellhouse of David Wellhouse and Associates, Inc. (DWA) at (916) 368-9244. Mr. Wellhouse is the contractor who prepares and files all of the City's state mandated cost claims.

Janet Salvetti Finance Officer

DW:JS:lw

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Declaration of Lori Williams

Investment Report Claims of the City of Stockton

Lori Williams makes the following declaration and statement under oath:

I am the Administrative Analyst II of Stockton, California. In my capacity as Administrative Analyst II I am the custodian of records of the City of Stockton's Finance Department.

Attached are true and correct copies of the claims filed by the City of Stockton with the State Controller's Office for costs mandated by Chapter 793, Statutes of 1995, Chapter 156, Statutes of 1996, and Chapter 749, Statutes of 1996 - Investment Reports and correspondence including remittance advices and denial letters received by the City of Stockton from the State Controller.

The foregoing facts are known to me by my personal knowledge or information or belief and if so required, I could and would testify to the statements made herein.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on June 14 200%, at Stockton, California.

Lori Williams



9839900

KATHLEEN CONNELL CONTROLLER OF THE STATE OF CALIFORNIA DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1995/1996 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

20,159.00

ADJUSTMENT TO CLAIM:

EXCESSIVE TIME

INDIRECT COSTS OVERSTATED

9,391.00 5,998.00

LESS: TOTAL ADJUSTMENTS

15,389.00

CLAIM AMOUNT APPROVED

4,770.00

AMOUNT DUE CLAIMANT

4,770.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

JEFF YEE, MANAGER CONTROLLER OF CALIFORNIA P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

> THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY. THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202

WARRANT AMT: ****4,770.00

PAYEE: TREASURER, CITY OF STOCKTON FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999 CLAIM SCHEDULE NBR: MA90419A

9,391.00-

5,998.00-

4,770.00

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255 PROG: INVESTMENT REPORTS CH 783/95 ACL : 9999 20,159.00 1995/1996 ACTUAL PAYMENT CLAIMED AMT: 15,389.00 TOTAL ADJUSTMENTS: (SEE BELOW) 4,770.00 TOTAL APPROVED CLAIMED AMT: LESS PRIOR PAYMENTS: 100.000000 PRORATA PERCENT: - •00 PRORATA BALANCE DUE: 4,770.00 APPROVED PAYMENT AMOUNT: PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

ADJUSTMENTS ITEMIZED: EXCESSIVE TIME INDIRECT COSTS OVERSTATED CONTROLLER OF CALIFORNIA P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

> THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY. THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED DIRECTLY TO THE PAYES.

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202

WARRANT AMT: ****4,192.00

PAYEE: TREASURER, CITY OF STOCKTON FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999 CLAIM SCHEDULE NBR: MA90407A

4,192.00

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS PLEASE CALL LINDA LOHMAN AT 916-324-0255 PROG : INVESTMENT REPORTS CH 783/95 ACL: 9999 CLAIMED AMT: 16,462.00 1996/1997 ACTUAL PAYMENT TOTAL ADJUSTMENTS: (SEE BELOW) 12,270.00 4,192.00 TOTAL APPROVED CLAIMED AMT: - •00 LESS PRIOR PAYMENTS: PRORATA PERCENT: 100.000000 • 00 PRORATA BALANCE DUE: APPROVED PAYMENT AMOUNT: 4,192.00 PAYMENT OFFSETS -NONE

_____ ADJUSTMENTS ITEMIZED: 3,304.00-INDIRECT COSTS OVERSTATED 8,966.00-EXCESSIVE TIME

NET PAYMENT AMOUNT:



9839900

KATHLEEN CONNELL CONTROLLER OF THE STATE OF CALIFORNIA DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1996/1997 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

16,462.00

ADJUSTMENT TO CLAIM:
INDIRECT COSTS OVERSTATED
EXCESSIVE TIME

3,304.00 8,966.00

LESS: TOTAL ADJUSTMENTS

12,270.00

CLAIM AMOUNT APPROVED

4,192.00

AMOUNT DUE CLAIMANT

4,192.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

JEFF YEE, MANAGER CONTROLLER OF CALIFORNIA P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202 WARRANT AMT: ****4,611.00

PAYEE: TREASURER, CITY OF STOCKTON FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90409A

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255 PROG : INVESTMENT REPORTS CH 783/95 ACL : 999999 15,000.00 CLAIMED AMT: 1998/1999 ESTIMATED PAYMENT 10.389.00 TOTAL ADJUSTMENTS: (SEE BELOW) 4,611.00 TOTAL APPROVED CLAIMED AMT: .00 LESS PRIOR PAYMENTS: 100.000000 PRORATA PERCENT: .00 PRORATA BALANCE DUE: 4,611.00 APPROVED PAYMENT AMOUNT: PAYMENT OFFSETS -NONE 4,611.00 NET PAYMENT AMOUNT:

ADJUSTMENTS ITEMIZED: CLAIM ADJUSTMENT

CONTROLLER OF CALIFORNIA P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

> THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY. THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO ST STOCKTON CA 95202

WARRANT AMT: ****4,611.00

PAYEE: TREASURER, CITY OF STOCKTON FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90409A

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255 PROG : INVESTMENT REPORTS CH 783/95 ACL : 999999 CLAIMED AMT: 15,000-00 1998/1999 ESTIMATED PAYMENT 10,389.00 TOTAL ADJUSTMENTS: (SEE BELOW) 4,611.00 TOTAL APPROVED CLAIMED AMT: .00 LESS PRIOR PAYMENTS: 100.000000 PRORATA PERCENT: .00 PRORATA BALANCE DUE: 4,611.00 APPROVED PAYMENT AMOUNT: PAYMENT OFFSETS -NONE 4,611.00

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ADJUSTMENTS ITEMIZED: CLAIM ADJUSTMENT

10,389.00-

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| JOHN GEER | . | | | - | -ASSIST | ANT FINANCE DI | RECTOR | |
| Type or Print Nan | ne | | | | Title | | - | |
| (39) Name of Conta | | aim | | | Telephone | Number | | |
| DAVID WELLI | HOUSE (I | DWA) | | | (916) 3 | 68-9244 | | |

Mandated Cost Manual State Controller's Office **MANDATED COSTS FORM** INVESTMENT REPORTS INR-I **CLAIM SUMMARY** Fiscal Year: 1995/96 (02) Type of Claim (01) Claimant Reimbursement **Estimated** CITY OF STOCKTON Claim Statistics 2 (03) Number of investment reports prepared during the fiscal year (f) (e) Total **Training** Services Fixed **Salaries** Benefits (04) Reimbursable Components and · Assets **Supplies** \$4,704 \$3,387 \$1,317 1. Statement of Investment Policy \$7,459 \$1,075 \$1,788 2. Quarterly Report of Investments \$4,596 \$12,163 \$1,075 \$7,983 \$3,105 (05) Total Direct Costs Indirect Costs { From ICRP } (06) Indirect Cost Rate 72.12% Salaries & Benefits (07) Total Indirect Costs \$7,997 [Line $(06) \times line (05)(f) - \{line (05)(d) + (05)(e)\}$] (08) Total Direct and Indirect Costs: \$20,159 [$\{Line (05)(f) + line (07)\}$] **Cost Reduction** (09) Less: Offsetting Savings, if applicable (10) Less: Other Reimbursements, if applicable (11) Total Claimed Amount \$20,159 [Line (08) - {Line (09) + Line (10)}]

Mandated Cost Manual State Controller's Office MANDATED COSTS **FORM INVESTMENT REPORTS** INR-2 **CLAIM SUMMARY** 1995/96 (02) Fiscal Year costs were incurred: (01) Claimant CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy χ . **Quarterly Report of Investments Object Accounts** (04) Description of Expenses: Complete columns (a) through (h) (h) · (d) (e) (f) (g) (c) (b) Employee Names, Job Classifications, Fixed Total Hourly Benefit Hours Services Training Sal. & Ben. Benefits Assets Functions Performed and Description of Expenses Rate or % Worked or Salaries and Supplies **Unit Cost** Rate Quantity \$1,233.52 38.9% 35.0 \$888.07 \$345.46 \$25.37 Lori Harsin-Ford - Administrative Analyst \$250.18 \$893.32 \$23.82 38.9% 27.0 \$643.14 Lynn Farrar - Accountant II \$335.95 \$94.09 \$60.47 38.9% 4.0 \$241.87 City Attorney \$2,241.36 31.0 \$1,613.65 \$627.71 \$52.05 38.9% Pat Samsell - Finance Director Review of requirements, preparation of required Investment Policy and submission to legislative \$3,386.73 \$1,317.44 \$4,704.16 Subtotal (05) Total

State Controller's Office Mandated Cost Manual MANDATED COSTS **FORM** INVESTMENT REPORTS INR-2 **CLAIM SUMMARY** (02) Fiscal Year costs Were Incurred: 1995/96 (01) Claimant CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy **Quarterly Report of Investments** Χ (04) Description of Expenses: Complete columns (a) through (h) Object Accounts (d) (a) (c) **(f)** (h) (b) (e) (g) Employee Names, Job Classifications, Hourly Benefit Hours Services Training Fixed Total **Functions Performed and Description of Expenses** Rate or % Worked or Salaries Benefits Sal. & Ben. and Assets Unit Cost Rate Quantity Supplies Lori Harsin-Ford - Administrative Analyst 38.9% \$152.24 \$59.22 \$25.37 6.0 \$211 38.9% \$4,287.60 Lynn Farrar - Accountant II \$23.82 180.0 \$1,667.88 \$5,955 Pat Samsell - Finance Director \$52.05 38.9% 3.0 \$156.16 \$60.75 \$217 Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required. Sympro Software \$1,074.78 Support & maintenance costs for software used exclusively for the preparation of the required report (05) Total Subtotal \$4,596.00 \$1,787.84 \$1,074.78 Page: \$6,384

| Claimant Name Mandate Department | Indirect | ellhouse & Assoc Cost Rate Prop OCKTON 83/95 & CHAPTER | oosal | 96 | |
|---------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------------------------|
| Fiscal Year DESCRIPTION OF COSTS (A | 1995/96 A) | Total Costs | (B) Excludable Unallowable Costs | (C) Allowable Indirect Costs | (D) Allowable Direct Costs |
| Labor Costs Salaries & Wages Part-time Wages & Overt Benefits SUBTOTAL: | ime 38.9% | \$99,701 \$17,119 \$38,757 \$155,577 | | | \$99,701 \$17,119 \$38,757 \$155,57 7 |
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SymPro, Inc.

Oakland, CA 9461H

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| Less: 10% Late | Penalty, but not to | \$16,462 (14) | 1(22) | <u> </u> | |
| exceed \$1000 | Tomany, But not to | (17) | (33) | i ; | |
| Less: Estimate | d Claim Payment | (15) | (34) | <u> </u> | |
| | | (10) | (34) | ! | |
| Net Claimed Am | nount | (16) | (35) | | |
| | | | (33) | | |
| Due from State | 1/00) | \$16,462 | | | |
| puc nom state | | (17) | (36) | | |
| Due to State | \$10,000 | \$16,462 | | | |
| Due to State | | (18) | (37) | | |
| | | <u> </u> | | | 11,536 |
| (38) CERTIFICA | TION OF CLAIM | | | | 11,000 |
| In accordance with | the provisions of Governme | ent Code 17561 certify t | hat I am the norman author | 2-3 t-4 t- 1 | |
| with the State of | California for costs mandat | ed by Chapter 783 Statut | nat rain the person author | ized by the local agency | to file claims |
| under penalty of pe | rjury that I have not violated | any of the provisions of | Government Code Section | oo and 749, Statutes of 19 | 996; and certify |
| further cortific that | 4hana | a any or the provisions of | Covernment Code Section | is 1090 through 1096, inc | lusive. |
| costs claimed borni | there was no application of | ther than from the claima | nt, nor any grant or payme | nt received, for reimburs | ement of |
| Statutos of 100E | in; and such costs are for a | new program or increase | d level of services of an ex | isting mandated by Chap | oter 783, |
| | nd Chapters 156 and 749, St | | | | |
| The amount for Est | imated Claim and/or Reimbi | ırsement Claim are hereb | y claimed from the State fo | or payment of estimated a | and/or actual |
| costs for the manda | ated program of Chapter 78: | 3, Statutes of 1995, Chapt | ers 156 and 749, Statutes o | of 1996 set forth on the at | tached statemen |
| | therized Representative | | | | |
| | M Kepieseillative | , | Date | | |
| x Jan | | | MAY 20, 1998 | | |
| JOHN GEER | V- | | | - n-n | |
| Type or Print Nam | | | ASSISTANT FINANCI | <u> DIRECTOR</u> | |
| , | | | Title | | |
| | ct Person for Claim | | Telephone Number | | |
| DAVID WELLH | | | (916) 368-9244 | | |
| orm FAM-27 (Nev | v 1/98) | | | Chapters 783/95, 156 | 100 1 740,000 |

Chapters 783/95, 156/96 and 749/96

State Controller's Office Mandated Cost Manual MANDATED COSTS **FORM INVESTMENT REPORTS** INR-2 **CLAIM SUMMARY** (01) Claimant (02) Fiscal Year costs were incurred: 1996/97 CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy Χ **Quarterly Report of Investments Object Accounts** (04) Description of Expenses: Complete columns (a) through (h) (h) (b) (c) (d) (e) (f) (g) Employee Names, Job Classifications, Hourly Benefit Hours Services Training Fixed Total Functions Performed and Description of Expenses % Worked or Assets Sal. & Ben. Rate or Salaries Benefits and Unit Cost Rate Quantity Supplies Lori Harsin-Ford - Administrative Analyst \$26.04 38.2% 10.0 \$260:40 \$99.47 \$359.87 \$24.45 38.2% \$48.89 \$18.68 \$67.57 Lynn Farrar - Accountant II 2.0 Pat Samsell - Finance Director \$53.42 38.2% 6.0 \$320.52 \$122.44 \$442.96 Review of requirements, preparation of required Investment Policy and submission to legislative body

(05) Total

Subtotal

Page:

\$870.40

\$240.59

\$629.81

State Controller's Office Mandated Cost Manual MANDATED COSTS FORM **INVESTMENT REPORTS** INR-2 **CLAIM SUMMARY** 1996/97 (01) Claimant (02) Fiscal Year costs Were Incurred: CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy **Quarterly Report of Investments** (04) Description of Expenses: Complete columns (a) through (h) **Object Accounts** (b) (d) (f) (g) (h) (c) (e) Employee Names, Job Classifications, Benefit Fixed Hourly Hours Services Training Total **Functions Performed and Description of Expenses** Rate or % Worked or Salaries Benefits and Assets Sal. & Ben. Unit Cost Rate Quantity Supplies Lori Harsin-Ford - Administrative Analyst \$26.04 38.2% 6.0 \$156.24 \$59.68 \$216 \$4,400.40 38.2% 180.0 \$1,680.95 \$6,081 Lynn Farrar - Accountant II \$24.45 Pat Samsell - Finance Director \$53.42 38.2% 3.0 \$160.26 \$61.22 \$221 Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required. SymPro Software \$537.39 Support and maintenance costs for software used exclusively for the preparation of the required \$3,540.00 **TRACS** Connect fees for information necessary to prepare the required Investment Report. \$4,716.90 \$1,801.86 \$4,077.39 Subtotal Page: \$6,519 (05) Total

| | | house & Assoc ost Rate Prop | | | |
|-------------------------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| Claimant Name Mandate Department | FINANCE | | RS 156 AND 749/9 | 6 | |
| Fiscal Year | 1996/97 | Total | (B) Excludable Unallowable | (C) Allowable Indirect | (D) Allowable Direct |
| DESCRIPTION OF COSTS (A | 7) | Costs | Costs | Costs | Costs |
| Labor Costs Salaries & Wages Part-time Wages & Overt Benefits | ime 38.2% | \$93,308 \$8,738 \$35,604 | • | | \$93,308 \$8,738 \$35,604 |
| SUBTOTAL: | | \$137,650 | | | \$137,650 |
| Services & Supplies 1 Other Services 2 Materials & Supplies 3 Other Expenses | | \$89,920 \$48,966 \$3,125 | \$48,966 | \$89,920 \$3,125 | |
| 4 Unallowable/Excludable | | +-, | | | |
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| 24 Subtotal Cost Plan or Adjustmen 25 Equipment Usage Allow 26 of Capital Expenditures Subtotal | | \$142,011 | \$48,966 | \$93,045 | |
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| Total Costs |] | \$279,661 ndirect Cost | <u> </u> | \$93,045 67.60% Salaries & Bene | \$1:37,650 |

Committee Commit

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PAGE 5 ACCOUNTING PERIOD 15/1997

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5532 Clarement Ave. Cakland, CA 94618 (510) 655-0900 4331638

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City of Stockton Management Information Systems 425 N. El Dorado St. City Hall Stockton, CA 95202 SHIPPER TO

City of Stockton Management Information Systems 425 N. El Dorado St. City Hall Stockton, CA 95202

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BILL TO:

City of Stockton Pat Samsell 425 North El Dorado Street Stockton CA 95202

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The Tracs Corporation
165 South West Temple • Suite 300 • Salt Lake City, Utah 84101

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City of Stockton
Pat Samsell
425 North El Dorado Street
Stockton CA 95202

(800) 288-7227 • (801) 363-8378 • FAX (801) 359-7514

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| I | | | | | (25) | INR-1, (06) | | | 40 |
| | | | | | | | <u></u> | | 49 |
| City | | | State | Zip Code | (26) | | | | |
| | | | CA | | | | | | · |
| Type of Claim | Estim | nated Claim | Rei | mbursement Cla | im (27) | | | | - |
| | (03) | Estimated | X (09) | Reimbursement | X (28) | | | | |
| | (0.4) | Combined | (10) | Combined | (29) | <u>, </u> | | | |
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| | (05) | Amended | (11) | Amended | (30) | | | | |
| Fiscal Year Of | (06) | | (12) | | (31), | ` | - | = | |
| Cost | | 1999/00 | · | 1998/99 | | | · · · · · · | | |
| Total Claimed | (07) | \$15,000 | (13) | \$21,867 | (32) | | | | |
| Less: 10% Late exceed \$1000 | Penalty | , but not to | (14) | | (33) | | | | |
| Less: Estimate | d Claim | Payment | (15) | \$4,611 | (34) | | | | |
| Net Claimed A | mount | | (16) | | (35) | | - | | |
| | | • | ` ' | \$17,256 | ` , | | | | |
| Due from State | : (80) | | (17) | | (36) | | | | |
| | , | \$15,000 | ` , | \$17,256 | , , | | | | |
| Due to State | | | (18) | | (37) | | | | |
| | | | | | | | | | 16,614 |
| (38) CERTIFIC | ATION | OF CLAIM | | | | | | | |
| In accordance with | the prov | visions of Gove | rnment Cod | de 17561, I certify th | at I am the | person authorized | by the lo | cal agency to | file claims |
| † | | | | Chapter 783, Statute | | | | | 1 |
| under penalty of p | erjury tha | at I have not vid | olated any o | of the provisions of C | overnmen | t Code Sections 109 | 0 throug | gh 1096, inclus | sive. |
| I further certify th | at there v | was no applicat | ion other th | an from the claima | nt, nor any | grant or payment r | eceived, | for reimburse | ement of |
| | | | | gram or increased l | | | | | |
| Statutes of 1995, a | nd Chapt | ers 156 and 74 | 9, Statutes | of 1996. | | | | | |
| The amount for Es | timated | Claim and/or R | eimbursem | ent Claim are herel | y claimed t | from the State for p | ayment | of estimated | and/or actual |
| | | | | utes of 1995, Chapte | | | | | , |
| Signature of Au | thorize | d Representa | ative | | Date | | | | |
| | W., | 1 Xx links | ;) | | JANI | JARY 15, 2000 |) | | |
| JANET CALL | CITE 1 | | | | | NCE OFFICER | | | |
| JANET SALV | | | | | | HOL OITECLA | | | |
| Type or Print Na | ame | | | | Title | | | | |
| (39) Name of Con | tact Perso | on for Claim | | | Telephone | e Number | ····· | | |
| DAVID WEL | LHOU | ISE (DW | (A) | | (916)3 | 68-9244 | | - | ļ |

| STMENT | REPOR | TS | | FOF | |
|-----------------|----------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (02) Type o Reimb | ursement | X | Fiscal Year: | 1998/99 |
| <u>-</u> | | | | | |
| repared dur | ing the fisca | l year | | Λ | 4 |
| | | | | | |
| (a) Salaries | (b) Benefits | (c) Services and Supplies | (d) Training | (e) Fixed Assets | (f) Total |
| \$646 | \$295 | | | | \$941 |
| \$6,815 | \$3,114 | \$5,691 | | | \$15,620 |
| \$7,460 | \$3,409 | \$5,691 | | | \$16,561 |
| | | , | | • | |
| | | • | • | | 48.81% |
| [Line (06) x | line (05)(f) | - {line (05)(| d) + (05)(e) | 1)] | \$5,306 |
| | | | | | \$21,867 |
| | | <u> </u> | (1) | -/ | |
| ole | | <u> </u> | | | • |
| plicable | | · · · · · · · · · · · · · · · · · · · | | | |
| | [Line (08) - | {Line (09) + | Line (10)} |] | \$21,867 |
| | repared dur (a) Salaries \$646 \$6,815 \$7,460 [Line (06) x | (a) (b) Benefits \$646 \$295 \$6,815 \$3,114 \$7,460 \$3,409 | (a) (b) (c) Salaries Benefits Services and Supplies \$646 \$295 \$6,815 \$3,114 \$5,691 \$7,460 \$3,409 \$5,691 [Line (06) x line (05)(f) - {line (05)(f) of the complete oplicable} [Line (05)(f) - {line (05)(f) of the complete oplicable} | (a) Benefits Services and Supplies \$6,815 \$3,114 \$5,691 \$7,460 \$3,409 \$5,691 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ADATED COSTS STMENT REPORTS AIM SUMMARY (02) Type of Claim Reimbursement Estimated (02) Type of Claim Reimbursement X Estimated (03) Repared during the fiscal year (14) Salaries (15) Services Services Supplies (15) Services Supplies (16) \$295 \$6,815 \$3,114 \$5,691 \$7,460 \$3,409 \$5,691 {From ICRP} Salaries & Benefits [Line (06) x line (05)(f) - {line (05)(d) + (05)(e)})] [{Line (05)(f) + line (07)] |

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| | NDATI STMEN | | | | | | | FORM | |
| | SIMEN AIM SU | | | | | | | INR-2 | ۲. |
| (01) Claimant | <u> </u> | 71:11:12-11 | | al Year co | osts were | incurred | !· | 1998/9 | 9 |
| CITY OF STOCKTON | | | (02) 1 130 | ai reai co | JSCS WEIG | . Incurre | 1• | . , , 0, , | • |
| | | | <u> </u> | | | | | · · · · · · · · · · · · · · · · · · · | — v |
| (03) Reimbursable Component: | Check Only | One box | per form to | identify the o | ost being c | laimed | | | |
| | 5 !! | | | | | | | | |
| X Statement of Investment | Policy | | | | | | | | |
| Quarterly Report of Inves | tments | | | | | | | - | |
| | | | | | | | | | |
| (04) Description of Expenses: Complete colu | imps (a) th | rough (h) | | | | | bject Acco | unts | |
| | 1 | Tought (11) | (4) | (4) | | | <u> </u> | | |
| (a) Employee Names, Job Classifications , | (b) Hourly | Benefit | (c) Hours | (d) | (e) | (f) Services | (g) Training | (h) Fixed | Total |
| Functions Performed and Description of Expenses | Rate or | % . | Worked or | Salaries | Benefits | and | | Assets | Sal. & Ben. |
| | Unit Cost | Rate | Quantity | | 1 | Supplies | | | |
| Lori Harsin-Ford - Administrative Analyst Lynn Farrar - Accountant II | \$26.70 \$25.07 | 45.7% 45.7% | 10.0 2.0 | \$267.00 \$50.13 | \$122.02 \$22.91 | | | | \$389.02 \$73.04 |
| Pat Samsell - Finance Director | \$54.77 | 45.7% | 6.0 | \$328.64 | \$150.19 | | | | \$478.83 |
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| Review of requirements, preparation of required | | | | | | | | | |
| Investment Policy and submission to legislative body | | | | | | | | | |
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| (05) Total Subtotal S | Page: | of | | \$645.77 | \$295.12 | | 1 1 | n 105 1 = 5 | \$940.89 6 and 749/96 |

| INVESTMENT REPORTS CLAIM SUMMARY (01) Claimant CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy X Quarterly Report of Investments (04) Description of Expenses: Complete columns (a) through (h) Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form to identify the cost being claimed Check Only One box per form | State Controller's Office | | | | | | | | | Cost Manual |
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| (01) Claimant (17) OF STOCKTON (03) Relimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy X Quarterly Report of Investments (04) Description of Expenses: Complate columns (a) through (h) Employse Norse, job Classifications, Flanction Performed and Description of Expenses Panction Performed and Description of Expenses Leri Harrisi-Ford - Administrative Analyst Lori Harrisi-Ford - Administrative Analyst Type Theorem A Complate Columns St. 77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 45.77 4 | | | | | | | | | | |
| (02) Claimant CITY OF STOCKTON (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed Statement of Investment Policy X Quarterly Report of Investments (04) Description of Expenses: Complete columns (a) through (b) Check Only One box per form to identify the cost being claimed (04) Description of Expenses: Complete columns (a) through (b) Chief Carounts (04) Description of Expenses: Complete columns (a) through (b) Chief Carounts (05) Description of Expenses: Complete columns (b) through (c) Employee Names, job Chasifications, Penden of Expenses (c) Chasifications, Penden of Expenses (c) Carounts (04) Description of Expenses: Complete columns (a) through (b) Chief Carounta (c) Employee Names, job Chasifications, Penden of Expenses (c) Services Training Assets Sal. & Benefits Salaries Sal | | | | | | | | | INR-3 | 2 |
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| | | ellhouse & Asso Cost Rate Prop | | | |
| Claimant Name Mandate Department | FINANCE | OCKTON 83, STATUTES O | F 1995 | | |
| Fiscal Year | 1998/99 | Total | (B) Excludable Unallowable | (C) Allowable Indirect | (D) Allowable Direct |
| DESCRIPTION OF COSTS (| (A) | Costs | Costs | Costs | Costs |
| .abor Costs Salaries & Wages Part-time Wages & Ove | | \$337,173 \$96,286 | | \$24,648 | \$312,525 \$96,286 |
| Benefits | 45.7% | \$153,968 \$587,427 | | \$11,255 \$35,903 | \$142,713 \$551,524 |
| SUBTOTAL: | | 7307,44/ | | - Participation of the Control of th | |
| Services & Supplies 1 Allowable/Includable 2 Unallowable/Excludabl 3 Capital Expenditures 4 | le | \$233,284 | | \$233 <u>,</u> 284 | |
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| 21 22 23 | | | | | |
| 24 Subtotal | | \$233,284 | | \$233,284 | |
| Cost Plan or Adjustme 25 Equipment Usage Allow 26 of Capital Expenditure | wance @ 6.6 | | | 7239 | |
| Subtotal | | | | | |
| Total Costs | | \$820,711 Indirect Cos | t Rate | \$269,187 48.81% | \$551,524 |
| | | | Į | Salaries & Ben | ij Sfits |

David Wellhouse & Associates, Inc. Departmental Indirect Costs

Claimant Name CITY OF STOCKTON

Mandate CHAPTER 783, STATUTES OF 1995

Department FINANCE Fiscal Year 1998/99

INDIRECT SALARIES

| Position or Employee Name | Annual Wages | Departmental Administration | Departmental Support |
|---------------------------|--------------|--------------------------------|-------------------------|
| Finance Director | \$98,592 | 25.0% \$24,648 | |
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Totals \$98,592 \$24,648

TOTAL INDIRECT SALARIES

\$24,648

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| '24/1996, I 37L XTON | 4138125 | | DETA | IL BUDGET A | EPORT | | | | PAGE | 7.4 |
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| TERAL FUND | (អង្គការ | DEPT/O | IV 1330 FI) EXT******* | ANCE/TREAS | JRY | TTXCARRAR | | *********** | | |
| | IPTION | BUDGET | ACTUAL X8 | XP 8UDGET | 7 (° 1 Ω Ø € | XEXP | EHCUMBR. | AMNUAL U BUOGET B | HENCUAB. IALANCE | EDGT |
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| 46 POOL VEHICLE RENTAL 53 PRINTING & HAPPING 54 POSTAGE MAILING SERVICES 56 SPECIAL REPORTS 57 PROCEDING FEES 50 COMPUTER PROGRAMMING SVCS 58 OTHER BERVICES 20 HA OTHER BERVICES 20 HATERIALS AND SUPPLIES 51 COMPUTER SOFTWARE 52 SUBSCRIPTIONS-PERIDOICALS 35 HATERIALS AND SUPPLIES 48 OTHER EMPENSES 40 THER EMPENSES 40 THER EMPENSES 40 TRAINING 12 HEETINGS & TRAVEL | 4830 2754 3916 125 1074 13189 2167 37446 3892 125 58 4075 | 30987 30987 93180 1500 8400 13189 258571 46737 1500 8485 48922 5455 | 32336.17 189581.44 38328.52 100.00 85.00 38513.52 | 25 591 76 2545 1 0 0 400 106 125 1486 80 9045 82 10288 7 1500 12 79 11788 | .00 49 .00 309 .00 231 .77 493 .00 131 .00 84 .00 131 .75 2365 .45 2365 | 60 |

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| HEPARED 09/24/1988, 14:39:26 ROORAN: GM267L LITY OF STOCKTON UND 010 GEMERAL FUND | DETAIL BUDGET REPORT 100% OF YEAR LAPSED A8 OF 05/30/1999 | | | | | | | ACCOUNT | ACCOUNTING PERIOD 14/1999 | | |
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MYOICE



2200 POWELL STREET SUITE 1170 EMERYVILLE, CA 94608 (510) 655-0900

INVOICE DATE INVOICE NO.

02/23/93

SHIP DATE CUSTOMER NO. SALES PERSON

03/01/09 STICKT

PAGE

)LD TO:

City of Stockton Finance Dept. 425 N. El Dorado St. City Hall Stockton, CA 95202 SHIPPED TO:

City of Stockton Finance Dept. 425 N. El Corado St. City Hall Stockton, CA 35202

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CHECK NUMBER

REMITTANCE ADVICE CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST.

95202-1997

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FORMS CONTROL NO. 483815

CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA STOCKTON, CA

DATE

CHECK NUMBER

03/18/1999

483815

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PAY EXACTLY

PAY TO THE ORDER OF

SYMPRO INC 2200 POHELL ST SU 1170 EMERYVILLE CA 94608-0000

COPY NOT NEGOTIABLE

VOID SIX MONTHS AFTER DATE OF ISSUE

250.00 Sales Total 0.00 Trade Discount 0.00 Freight Misc. Charges 0.00 Tax Total 19.33

TOTAL

7.50





2200 POWELL STREET SUITE 1170
SUITE 1170
EMERYVILLE, CA 94608
(510) 655-0900

08/21/98 INVOICE DATE INVOICE NO. SHIP DATE 10/01/98 CUSTOMER NO. STOCKT SALES PERSON

PAGE

SOLD TO:

City of Stockton Finance Dept. 425 N. El Dorado St. City Hall Stockton, CA 95202

SHIPPED TO:

City of Stockton Finance Dept. 425 N. El Dorado St. City Hall Stockton, CA 95202

Tax Total

Misc. Charges

TOTAL

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CITY OF STOCKTON

AUTHORIZATION FOR PAYMENT

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| I HEREBY CERTIFY RECEIPT OF THE ARTICLE(S) AND / C SAID CLAIM AGAINST THE CITY OF STOCKTON IS TRUE A SAID ACCOUNT AND MEETING AND ACCOUNT | ND THE EXPENDITURE IS NECESSA | ARY FOR THE OPERA | TION OF THIS DEPARTMENT, A | ND THAT |
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EMITTANCE ADVICE CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST.

95202-1997

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| 09/02/1998 | 466067 | | DETACH THIS STUB BEFORE CASHING CHECK | | |
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FORMS CONTROL NO. 466067

CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA STOCKTON, CA

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DATE

CHECK NUMBER

09/02/1998

466067 .

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PAY EXACTLY

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER DATE OF ISSUE

SYMPRO INC 2200 POWELL ST SU 1170 EMERYVILLE CA 94608-0000

COPY NOT NEGOTIABLE



--- frosby Drive - ford, MA 01730

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**** INVOICE ****

PAGE 2

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 425 N. EL DORADO ST STOCKTON, CA 95202 0176659

| FOR PERIOD ENDING | JUNE, 1998 |
|-------------------|------------|
| INVOICE NUMBER | 6187068 |
| INVOICE DATE | JUNE, 1998 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1 - 8 0 0 - IDC-LIME or write to Micro Product Support at the above address.

| | or write to Micro Product Support at the above address. | | | | | | | |
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TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA PORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES. * ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

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LEASE SEND REMITTANCE TO: DATE: TERACTIVE DATA CORPORATION ACCO

JUNE, 1998

INVOICE NO.:

6187068.

(ICAGO, IL 60693

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SERVICES

DESCRIPTION

CHECK NUMBER

ITTANCE ADVICE OCKTON, CALIFORNIA 425 N. EL DORADO ST.

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07/28/1998

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CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA STOCKTON, CA

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CHECK NUMBER 07/28/1998 462646 PAY-TO THE ORDER OF

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VOID SIX MONTHS AFTER DATE OF ISSUE

INTERACTIVE DATA COPORATION P 0 BOX 98616 CHICAGO IL 60693-0000

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PAGE 1

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | JULY,1998 |
|-------------------|-----------|
| INVOICE NUMBER | 6559078 |
| INVOICE DATE | JULY,1998 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE

| 1 | | | or write to Micro Product Support at the above address. | OO IDO HI | |
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TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA PORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES. * ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Please detach this section and send with payment.

EASE SEND REMITTANCE TO: DATE: JULY TERACTIVE DATA CORPORATION ACCOUNT NO.:

JULY, 1998

INVOICE NO.:

6559078

ICAGO, IL 60693

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INVOICE AMT.:

81.00

THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

Interactive Data FINANCIAL TIMES Informance

10/14/1998

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CITY OF STOCKTON, CALIFORNIA 95202-1997 425 N. EL DORADO ST.

DETACH THIS STUB BEFORE CASHING CHECK

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FORMS CONTROL NO.

CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA STOCKTON, CA

11-35 1210

DATE

10/14/1998

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PAY EXACTLY \$*******165.24

VOID SIX MONTHS AFTER DATE OF ISSUE

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INTERACTIVE DATA COPORATION P 0 BOX 98616 CHICAGO IL 60693-0000

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rosby Drive ford, MA 01730

SEP 1 7 1998 FINANCE DIRECTOR

**** INVOICE ***

PAGE 1

CITY OF STOCKSTON
ATTH: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
425 N. EL DORADO ST
STOCKTON, CA 95202

| FOR PERIOD ENDING | AUGUST, 1998 |
|-------------------|--------------|
| INVOICE NUMBER | 6141088 |
| INVOICE DATE | AUGUST, 1998 |
| ACCOUNT NUMBER | 9050 |

questions regarding this statement or other aspects of our service, please call 1 - 8 0 0 - IDC-LINE or write to Micro Product Support at the above address.

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| FOR PERIOD ENDING | AUGUST, 1998 |
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| INVOICE NUMBER | 6141088 |
| INVÖICE DATE | AUGUST, 1998 |
| ACCOUNT NUMBER | 9050 |

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

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CITY OF STOCKSTON ATTH: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 H. EL DOPADO ST STOCKTON, CA 95202

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| FOR PERIOD ENDING | SEPTEMBER, 1998 |
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| INVOICE NUMBER | 6116098 |
| INVOICE DATE | SEPTEMBER, 1998 |
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For questions regarding this statement or other aspects of our service, please call 1 = 800 = IDC = LINE or write to Micro Product Support at the above address.

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REMITTANCE ADVICE CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST.

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> CITY OF STOCKSTON ATTH: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 H. EL DORADO ST STOCKTON, CA 95202

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PAGE 1

| FOR PERIOD ENDING | OCTOBER, 1998 |
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| INVOICE DATE | OCTOBER, 1998 |
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For questions regarding this statement or other aspects of our service, please call 1 - 8 0 0 - IDC-LINE or write to Micro Product Support at the above address.

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| FOR PERIOD ENDING | NOVEMBER, 1998 |
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| INVOICE NUMBER | 6056118 |
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For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

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PLEASE SEND REMITTANCE TO: DATE: NOVE INTERACTIVE DATA CORPORATION ACCOUNT NO.: P.O. BOX 98616 CHICAGO, IL 60693

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THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

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22 Crosby Drive Bedford, MA 01730

> CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER HO. 0176659 425 H. EL DORADO ST STOCKTON, CA 95202

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| FOR PERIOD ENDING | HOVEMBER, 1998 |
| INVOICE NUMBER | 6056118 |
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For questions regarding this statement or other aspects of our service, please call 1 - 800-TDC-LINE or write to Micro Product Support at the above address.

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| 11/02 11/02 11/02 11/03 11/03 11/24 | 5:02P 5:02P 5:20P 12:54P 12:54P 11:28A 11:28A | 284 326 655 44 67 50 | HIST CORP/GOVT VALUATIONS TCP/WDCI PRIME SECONDS LATEST CORP/GOVT VALUATIONS LATEST CORP/GOVT VALUATIONS TCP/WDCI PRIME SECONDS LATEST CORP/GOVT VALUATIONS TCP/WDCI PRIME SECONDS | .057240 .007488 .042400 .042400 .007488 .042400 .007488 | 16.26 2.44 2.76 2.73 2.33 2.84 0.3 |
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CITY OF STOCKSTON ATTH: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DOPADO ST STOCKTON, CA 95202

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For questions regarding this statement or other aspects of our service, piease call 1-800-IDC-LIRE or write to Micro Product Support at the above address.

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EMITTANCE ADVICE CITY C TOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

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CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

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CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT 0176659 PURCHASE ORDER NO. (425 N. EL DORADO ST STOCKTON, CA 95202

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FOR PERIOD ENDING JANUARY, 1999 6389019 INVOICE NUMBER JANUARY, 1999 INVOICE DATE ACCOUNT NUMBER 9050

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE

| | | | For questions regarding this statement or other aspects of our service, please call 1 – or write to Micro Product Support at the above address. | RATE | AMOUNT |
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LEASE SEND REMITTANCE TO: DATE: JANUATERACTIVE DATA CORPORATION ACCOUNT NO.: O. BOX 98616 IICAGO, IL 60693

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425 N. EL DORADO ST.

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FORMS CONTROL NO. 483629 CITY OF STOCKTON, CALIFORNIA 95202-1997 425 N. EL DORADO ST.

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CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

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| FOR PERIOD ENDING | FEBRUARY, 1999 |
| INVOICE NUMBER | 6183029 |
| INVOICE DATE | FEBRUARY, 1999 |
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For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE

| | • | | or write to Micro Product Support at the above address. | | · |
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CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | MARCH, 1999 |
|-------------------|-------------|
| INVOICE NUMBER | 6098039 |
| INVOICE DATE | MARCH, 1999 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LIME or write to Micro Product Support at the above address.

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HICAGO, IL 60693

MARCH, 1999

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FOR PERIOD ENDING MARCH, 1999 **INVOICE NUMBER** 6098039 INVOICE DATE MARCH, 1999 ACCOUNT NUMBER 9 0 5 0

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 017665 425 N. EL DORADO ST STOCKTON, CA 95202 0176659

> For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

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MARCH, 1999

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REMITTANCE ADVICE

DETACH THIS STUB BEFORE CASHING CHECK

CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST.

95202-1997

13903

| DESCRIPTION | INVOICE NUMBER | PURCHASE ORD. NUMBER | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
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FORMS CONTROL NO. 487490

CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA STOCKTON, CA

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DATE

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E TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA RPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS * ALL TIMES EASTERN TIME

Please detach this section and send with payment.

LEASE SEND REMITTANCE TO: DATE: MARCH, 1999

INVOICE NO.:

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.O. BOX 98616 HICAGO, IL 60693

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THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

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PAGE 1

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | APRIL,1999 |
|-------------------|-------------|
| INVOICE NUMBER | 6192049 |
| INVOICE DATE | APRIL, 1999 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LIKE or write to Micro Product Support at the above address.

| | or write to Micro Product Support at the above address. | | | | | | | | |
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| Ē | TIME* | UNITS** | DESCRIPTION | RATE | AMOUNT | | | | |
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E TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA RPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES.

* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Please detach this section and send with payment.

LEASE SEND REMITTANCE TO: DATE: APRITERACTIVE DATA CORPORATION ACCOUNT NO.:

APRIL, 1999

INVOICE NO.:

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ble ; n th id c CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER HO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | APRIL, 1999 |
|-------------------|-------------|
| INVOICE NUMBER | 6192049 |
| INVOICE DATE | APRIL, 1999 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1 - 800 - IDC-LINE or write to Micro Product Support at the above address.

| e f | TIME* | UNITS** | DESCRIPTION | RATE | ĀMOUNT |
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| | f | | * YOUR PAYMENT TO THIS ADDRESS ONLY. ** ********************************** | | |

HE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DAT ORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICE: * ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Please detach this section and send with payment.

PLEASE SEND REMITTANCE TO: DATE: APRIL, 1999
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9

INVOICE NO.:

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06/08/1999

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST.

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FORMS CONTROL NO 490916 CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA

STOCKTON, CA

DATE

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E TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA RPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES. ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS * ALL TIMES EASTERN TIME

Please detach this section and send with payment.

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APRIL, 1999

INVOICE NO .:

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LEASE SEND REMITTANCE TO: DATE: APRIMERACTIVE DATA CORPORATION ACCOUNT NO.: 0. BOX 98616 HICAGO, IL 60693

INVOICE AMT.:

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THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

Interactive Data



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PAGE 1

CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | MAY,1999 |
|-------------------|-----------|
| INVOICE NUMBER | 5988059 |
| INVOICE DATE | MAY, 1999 |
| ACCOUNT NUMBER | 9050 |

For questions regarding this statement or other aspects of our service, please call 1 – 800 – IDC – LINE or write to Micro Product Support at the above address.

| | | | or write to Micro Product Support at the above address. | | |
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CITY OF STOCKTON, CALIFORNIA 425 N. EL DORADO ST. 95202-1997 (209) 937-8321 • www.stocktongov.com

BANK OF AMERICA STOCKTON, CA

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PAY TO THE ORDER OF

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CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | JUNE, 1999 |
|-------------------|------------|
| INVOICE NUMBER | 5896069 |
| INVOICE DATE | JUNE, 1999 |
| ACCOUNT NUMBER | 9 U 5 0 |

For questions regarding this statement or other aspects of our service, please call 1 - 8000-IDC-LINE or write to Micro Product Support at the above address.

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CITY OF STOCKSTON ATTN: L. PATRICK SAMSELL FINANCE DEPARTMENT PURCHASE ORDER NO. 0176659 425 N. EL DORADO ST STOCKTON, CA 95202

| FOR PERIOD ENDING | JUNE, 1999 |
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| INVOICE NUMBER | 5896069 |
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For questions regarding this statement or other aspects of our service, please call 1 – 800 – IDC – LINE or write to Micro Product Support at the above address.

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