

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE



STATE OF CALIFORNIA

WARRANT NUMBER

05-464655

H THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO.

FUND NO. FUND NAME
0022 STATE EMERGENCY TEL NO

MO. DAY YR.
0690 12 22 2014

90-1342/1211

05464655

TO: 464655
--- COUNTY OF
MONTEREY

DOLLARS	CENTS
\$**476502	82

John Chiang
JOHN CHIANG
 CALIFORNIA STATE CONTROLLER



⑆121113423⑆ 05464655⑆

FORM 04-08 (2-97) CONTROLLERS WARRANT

State of California, California, 1-1 Emergency Communications Branch (CA 9-1-1 Branch)
REIMBURSEMENT CLAIM

TDe-290 (Rev. 10/2013)

Mall form to: Public Safety Communications Office,
 601 Sequoia Pacific Blvd. MS-911
 Sacramento, CA 95811-0231

Public Agency: Monterey County Emergency Communications Dep	Accounts Payable Name and Address
Address: 1322 Natividad Road	County of Monterey
City, State, Zip: Salinas, CA, 93906	1322 Natividad Road
PSAP Manager: William E. Harry	Salinas, CA, 93906
E-mail Address: <u>harryw1@co.monterey.ca.us</u>	<u>vaughtj@co.monterey.ca.us</u>
Phone Number: 831-769-8880 / <u>014051</u>	831-769-8887
Fax Number: 831-769-8896	831-769-8896

ACCOUNTING RECEIVED
 14 NOV 25
 RECEIVED

Type of Reimbursement Claim (***):
 Equipment Annual Training Allotment County Coordinator Expense
 Maintenance Education Materials County Coordinator Task Force
 Other:

CA 9-1-1 Branch Fiscal Use Only:
SEE OTHER SIDE →

*** All reimbursement claims must be submitted no later than ninety (90) calendar days after the close of the fiscal year in which funds have been expended.

Description of equipment and services being submitted for reimbursement in accordance with CA 9-1-1 Branch Operations Manual, Chapter III (Rev. 2008): Current fiscal year (FY2014/15) payments on a complete 911 system CPE replacement. System is Airbus Inc. (formerly Cassidian) Patriot Vesta 4.0 system including: system training, installation, anti-virus and patchmanagement services, net clock, keypads, and spare parts.

For each item listed below, PSAP shall attach proof of payment, detailed invoices, descriptions and quantities of services performed which validate reimbursement quantities and amounts. When applicable, PSAP shall include the approved Commitment To Fund 9-1-1 Equipment and Services (TDe-288, Rev. 12/06) form and tracking number.

Description	TDe-288#	Time Period of Claim	Total Cost Per Item	Amount Approved (CA 9-1-1 Branch Use Only)
911 Patriot Phone System	<u>13361</u>	FY2014/15	376,313.81	<u>323,492.94</u>
911 Patriot Phone System Spare Parts	"	FY2014/15	12,296.00	<u>12,296.00</u>
Vesta 4.0 Upgrade	"	FY2014/15	193,657.88	<u>140,713.88</u>
REIMBURSEMENT CLAIM TOTAL			582,267.69	<u>476,502.82</u>

I declare under penalty of perjury that the amount requested for each reimbursement is correct and is a legitimate claim for reimbursement from the CA 9-1-1 Branch, State Emergency Telephone Number Account.

FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY (other than claimant named for reimbursement)	Name: John Vaught	Title: Administrative Manager
	Signature: <i>[Signature]</i>	Date: 11/17/2014
	Address: 1322 Natividad Road Salinas CA 93906	
	Email: vaughtj@co.monterey.ca.us	Phone: 831-769-8887

CA 9-1-1 Branch Use Only				
RECOMMENDED FOR APPROVAL BY	Date	Telephone Number	APPROVED BY	Date
<i>[Signature]</i> K. RAZE	11/20/14	916 657 9145	<i>[Signature]</i> M. McBrill	11-21-2014

17/15 ✓ 702.08 2702 (#13361) \$476,502.82

5789 68415

CA 911
PCA 17000
Index 7350
Fiscal Year 14/15
Object Code 702 00
Vendor Number: 00-??
Approved Amount: \$476,502.82
Approved By: CKN 11/25/14