

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



1211134230 054646551

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)

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

|  |  |
|--|--|
| <b>Public Agency:</b> Monterey County Emergency Communications Dep | <b>Accounts Payable Name and Address</b> |
| 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: harryw1@co.monterey.ca.us                          | vaughtj@co.monterey.ca.us                |
| Phone Number: 831-769-8880 / 014051                                | 831-769-8887                             |
| Fax Number: 831-769-8896   | 831-769-8896                             |

**Type of Reimbursement Claim (\*\*\*):**  
☒ (x) 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 included 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             | 13361    | FY2014/15            | 376,313.81          | 323,492.94                                 |
| 911 Patriot Phone System Spare Parts | "        | FY2014/15            | 12,296.00           | 12,296.00                                  |
| Vesta 4.0 Upgrade                    | "        | FY2014/15            | 193,657.88          | 140,713.88                                 |
| REIMBURSEMENT CLAIM TOTAL            |          |                      | 582,267.69          | 476,502.82                                 |

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.

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

|                                    |             |                         |                    |             |
|------------------------------------|-------------|-------------------------|--------------------|-------------|
| <b>CA 9-1-1 Branch Use Only:</b>   |             |                         |                    |             |
| <b>RECOMMENDED FOR APPROVAL BY</b> | <b>Date</b> | <b>Telephone Number</b> | <b>APPROVED BY</b> | <b>Date</b> |
| [Signature]                        | 11/20/14    | 916 657 9145            | [Signature]        | 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 08  
Vendor Number: 00-??  
Approved Amount: \$476,502.82  
Approved By: CKN 11/25/14