

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

FISCAL YEAR 2014-2015

CLAIM FOR SUBVENTION FUNDS

JANUARY 1 – JUNE 30, 2015

The County of _____ hereby certifies that county funds in the amount of \$ _____ have been exclusively expended for the operation of the County Veterans Service Office (CVSO) for the above period. Based upon these expenditures, and the workload reported by the CVSO for this same period, I apply for the 2nd installment of this county's subvention allocation.

NOTE: ATTACH A COPY OF YOUR NET COUNTY COST (NCC) FORM.

County Auditor/Controller

Date

MAIL CLAIM TO: CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS
VETERANS SERVICES DIVISION
ATTN: NANCY NORIEGA
POST OFFICE BOX 942895
SACRAMENTO, CA 94295-0001

Or e-mail to: nancy.noriega@calvet.ca.gov

THIS PORTION TO BE COMPLETED BY THE CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Authorization for disbursement of subvention funds:

The above county is approved for payment in the amount of \$ _____

According to Military and Veterans Code Sections 972 and 972.1

Charge: Chapter 25 /2014, Item 8955-101-0001

DEPUTY SECRETARY FOR VETERANS SERVICES

DATE