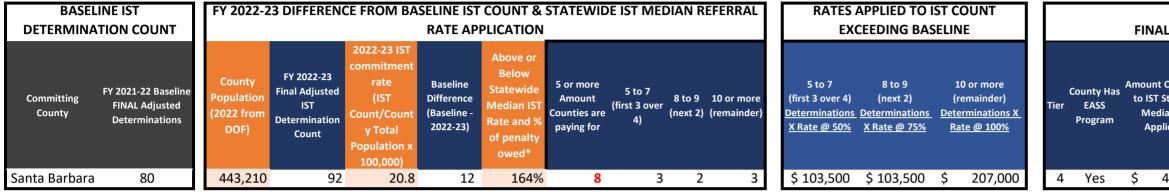
STATE OF CALIFORNIA DEPARTMENT OF STATE HOSPITALS ACCOUNTING OFFICE (Room 378) 1215 O STREET SACRAMENTO, CA 95814

			INVOICE NO.	S	-INV23039
SANTA BARBARA COUNTY			DATE:		6/21/2024
			DATE.		0/21/2024
			DUE DATE:	(9/19/2024
ATTN: Mona Miyasato					
Attn:Accountin 3 1215 O Street		EPARTMENT OF STATE tn:Accounting, MS-2 215 O Street acramento, CA 95814	E HOS	SPITALS	
FOR: Fiscal Year 2022-23 IST Growith Penalty Payments-Welfare & Institutions		mpetent to Stand	Trial Growth Cap and		
FY 2022-23 Commitments: FY 2021-22 Baseline: Excess Commitments: Penalty Amount*:	92 80 12 \$414,000				
PERIOD:	July 1, 2022 - June 30, 2023				
	*'see attached detail for penal	ty calculation			
APPROVED BY: _	C.Edus		SUBTOTAL	<mark>\$</mark>	414,000.00
			AMOUNT DUE	\$	414,000.00
FOR ACCOUNTING USE ONLY APPROPRIATION:	Customer ID	Account	DR		
	Entry Type	Account	CR		
[] EXPENDITURE/ABATEMENT	Entry Reason	Reporting Str	ructure		
[] REVENUE	AR Dist Program				
	ENY Fund				
	Approp Ref				
	Agency Use				

GROWTH CAP PROGRAM - DEPARTMENT LETTER 23-002 Department of State Hospitals IST Determinations Penalty Fee Detail for FY 2022-23





¹https://dof.ca.gov/wp-content/uploads/sites/352/2023/07/P2A_County_Total.xlsx



L AMOUNT OWED					
Owed Prior Statewide ian Rate lication	FINAL penalty amount owed	Difference			
414,000	\$ 414,000	\$ -			