

INVOICE DATE	INVOICE NUMBER	DISCOUNT TAKEN	NET AMOUNT	FO/REFERENCE	DESCRIPTION OF PAYMENT
01/07/21			3,445.25	13301135	Send Check To: Financial Services Financial Services CDFW EIR Filing Fee - Irvine Campus Medical Center;
8852-0 STATE OF CALIFORNIA					\$3,445.25

Info: [disbursements@uci.edu](mailto:disbursements@uci.edu)  
Please email [disbursements@uci.edu](mailto:disbursements@uci.edu) with questions  
(Do not email kfs-noreply)

4478756

QUESTIONS REGARDING PAYMENTS SHOULD BE DIRECTED TO:

Email: [accounts-payable@uci.edu](mailto:accounts-payable@uci.edu)

TAD (T) JALBERTS 0002200-00047-0140-13 1/7/2021 09:12:22 (1/7/21) 0446

VERIFY THE AUTHENTICITY OF THIS PANTOGRAPH SECURE DOCUMENT. CHECK BACKGROUND AREA HAS BLUE COLORED PANTOGRAPH.

**UC IRVINE**  
Accounting Office - 1050  
Irvine, CA 92697-1050

SUBJECT TO CANCELLATION  
ONE HUNDRED EIGHTY DAYS (180) AFTER DATE

**4478756**

01/07/2021

88-158  
531

PAY TO THE ORDER OF  
**STATE OF CALIFORNIA**

**\$\*\*\*\*\*3,445.25**

Three Thousand Four Hundred Forty-Five Dollars And 25 Cents

V 8852-0 4478756  
Wells Fargo Bank, N.A.

4759-606858

*Ronald Lopez*

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO SEE THE MARK WHEN CHECKING ENDORSEMENTS.

⑈0004478756⑈ ⑆053101561⑆ 4759606858⑈