

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
PROPERTY ACQUISITION FORM
 CDA 9023 (REV 06/2019)



:	Fiscal Year:	Contract No: - -	Submission Date:
---	--------------	--------------------------------	------------------

Item Description	Item Model	Serial Number	Date Purchased	Cost	Primary Fund Source	Location	CDA Tag #

FOR STATE USE ONLY			
<u>Program Fiscal Section</u> Budget Confirmed Not Applicable < \$500.00		<u>Business Services Section</u> Added to Inventory	
Program Fiscal Team Analyst:	Date:	Business Services Team Analyst:	Date: