

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
FA REQUEST FOR FUNDS
 CDA 245FA (REV 04/2019)



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: FA -1718 -	Invoice Date:
Remit to Name:			
Remit to Address:			

REQUEST FOR FUNDS OR REIMBURSEMENT	Month:	Year:	
	PROGRAM	ADMIN	TOTAL
Total Expenditures			

FOR STATE USE ONLY			
Fiscal Team Analyst:	Date:	Fiscal Team Manager:	Date: