

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
MIPPA REQUEST FOR FUNDS
 CDA 245M (REV 09/2019)



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: MI – 1819 –	Invoice Date:
Remit to Name:			
Remit to Address:			

REQUEST FOR FUNDS OR REIMBURSEMENT								Month:	Year:
Fund	MIPPA AAA		MIPPA SHIP		MIPPA ADRC		TOTAL		
	Program	Admin	Program	Admin	Program	Admin			
Total									
Project Code	MLAA		MLHP		MLAD				

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