

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
ADRC PROPERTY ACQUISITION FORM
 CDA 7025 (REV 08/2021)



Header Section

ADRC NAME:		SUBMISSION DATE:	PURCHASE DATE:
CONTACT NAME:		ORGANIZATION NAME:	
MAILING ADDRESS:			

Acquired Property Section

Item Description	Item Model	Serial Number	Date Purchased	Cost	Funding Source(s)	Location	CDA Tag #

FOR STATE USE ONLY	
<u>Program Section</u> <input type="checkbox"/> 7024 Confirmed	CDA Analyst Signature/ Date:
<u>Business Services Section</u> <input type="checkbox"/> Added to inventory	BMB Analyst Signature//Date: