

STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF AGING  
**HICAP EXPENDITURE REPORT**  
CDA 255 (REV 10/2021)



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: HI - -	Date:

REVENUES AND EXPENDITURES								
Month: Year:								
Funding Source	HICAP REIMB		HICAP FUND		HICAP FEDERAL		HICAP AUGM	TOTAL
	Program	Admin	Program	Admin	Program	Admin	Program	
Total Expenditures								
Program Income								
Other Funds								
Contract Expenditures								

FOR STATE USE ONLY							
Funding Source	HICAP REIMB		HICAP FUND		HICAP FEDERAL		HICAP AUGM
	Program	Admin	Program	Admin	Program	Admin	Program
Project Code	HIRL	HRAL	HIHL	HHAL	HIFL	HFAL	HIPL
Local Finance Bureau Analyst Signature & Date:				Local Finance Bureau Manager Signature & Date:			