

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
TITLE V/SCSEP EXPENDITURE REPORT
 CDA 29 (REV 06/2018)



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

EXPENDITURES		Month:		Year:				
Funding Source	CONTRACTOR ADMINISTRATION			PROGRAM OTHER			PWFB	TOTAL
	General Costs	Indirect Costs	Total Admin	Subcontr. Admin	Program Other	Total Program Other	PWFB	Total Program and Admin
Total Expenditures								
Recipient Local Share Cash								
Recipient Local Share In-Kind								
Program Income								
Federal Share								
Project Code	TVAL			TVOL			TVFL	

Complete quarterly accruals when submitting September, December, March, and June expenditures.

ACCRUALS	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun
Quarterly Federal Accruals	CONTRACTOR ADMIN	PROGRAM OTHER	PWFB	TOTAL
Project Code	TVAL	TVOL	TVFL	

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