

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
FA REQUEST FOR FUNDS
 CDA 245FA (REV 09/2021)



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

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

FOR STATE USE ONLY	
Local Finance Bureau Analyst Signature & Date:	Local Finance Bureau Manager Signature & Date: