

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



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: MI–	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	
Local Finance Bureau Analyst Signature	Local Finance Bureau Manager Signature & Date: