

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CALGROWS REIMBURSEMENT TEMPLATE
 CDA 3049 (REV 09/2023)

		Invoice #:	FI\$Cal PO#:
Grant Agreement #:	CG-2223-	Invoice Date:	
Grantee Name:			
Remit to Name:			
Remit to Address:			

Expenditure Month:		Year:	
PERSONNEL COSTS	Expenditure	Add'l Notes	
1. Personnel			
2. Fringe			
Personnel Total			
OTHER COSTS			
3. Travel			
4. Supplies			
5. Other Direct Costs			
6. Contractors/Consultants			
7. Stipends			
8. Cash Incentives			
Other Sub-Total			
Direct Cost Total			
Direct Cost Total, Excluding Incentives			
9. Indirect Costs			
10. Total Partner Costs			
Total Costs			

CDA Approval	Date