

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
HICAP REQUEST FOR FUNDS
 CDA 245 (REV 04/2019)



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: HI- 1718 -	Invoice Date:
Remit to Name:			
Remit to Address:			

REQUEST FOR FUNDS OR REIMBURSEMENT		Month:		Year:			
Fund	HICAP REIMB		HICAP FUND		HICAP FEDERAL		TOTAL
	Program	Admin	Program	Admin	Program	Admin	
Total							

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