

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**PROPERTY ACQUISITION FORM**  
 CDA 9023 (REV 02/2021)



:	Fiscal Year:	Contract No:        -        -	Submission Date:
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Item Description	Item Model	Serial Number	Date Purchased	Cost	Primary Fund Source	Location	CDA Tag #

<b>FOR STATE USE ONLY</b>	
<u>Program Fiscal Section</u> Budget Confirmed Not Applicable < \$5,000.00	<u>Business Management Branch</u> Added to Inventory
Program Fiscal Team Analyst Signature and Date:	BMB Team Analyst Signature and Date: