STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING LOCAL ASSISTANCE PROPERTY ACQUISITION FORM CDA 9023 (REV 04/2024)



Entity Name:			Contract No:		Fiscal Year	Fiscal Year: Submission		sion Date:			
Item Description	Item Model	Serial Number	Date Purchased	Cost	Primary Fund Source	I	Location				
Notes											

FOR STATE USE ONLY							
Local Finance Bureau		Business Management Bureau					
Budget Confirmed Added to Inventory		Assigned CDA Tags					
	Date:	Business Management Team Analyst:	Date:				