

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
HICAP EXPENDITURE REPORT
 CDA 255 (REV 06/2021)



		Invoice #:	FI\$Cal PO#:
PSA#:	Fiscal Year:	Contract No: HI - -	Date:

REVENUES AND EXPENDITURES		Month:				Year:		
		HICAP REIMB		HICAP FUND		HICAP FEDERAL		HICAP AUGM
Funding Source	Program	Admin	Program	Admin	Program	Admin	Program	
Total Expenditures								
Program Income								
Other Funds								
Contract Expenditures								
Project Code	HIRL	HRAL	HIHL	HHAL	HIFL	HFAL	HIPL	

FOR STATE USE ONLY	
Local Finance Bureau Analyst Signature & Date:	Local Finance Bureau Manager Signature & Date: