

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
**ADRC INFRASTRUCTURE GRANTS PROGRAM EXPENDITURE REPORT &
 REQUEST FOR REIMBURSEMENT**
 CDA 240 (REV 03/2021)



Invoice #:	FI\$Cal PO#:
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Contract No:	Invoice Date:
ADRC Name:	Contract Term: Fiscal Years 19/20 through 21/22
Remit to Name:	
Remit to Address:	

PART I: EXPENDITURE REPORT

Expenditure Month:	Year:
ADMINISTRATION COSTS	
Personnel	
Operating Expenses	
Indirect Costs	
Total Administration Costs	
PROGRAM COSTS	
Personnel	
Operating Expenses	
Indirect Costs	
Total Program Costs	
SUBCONTRACTED SERVICE COSTS	
Subcontractor Costs	
Vendor Costs	
Total Subcontracted Service Costs	
Total Costs	

PART II: REQUEST FOR REIMBURSEMENT

Request Month:	Year:
	TOTAL
Total Amount to be Reimbursed	

FOR STATE USE ONLY	
Program Analyst Approval	Program Manager Approval