**Submit To:**  **Make Check Payable To:**

Office of Grants Administration Grantee Organization Name

California Department of Food & Agriculture Billing Address

1220 N Street, Room 120 City, State and Zip Code

Sacramento, CA 95814 Attn: Contact Name

Attn: Grant Specialist

**COMPLETE THE INFORMATION REQUESTED BELOW AND PROVIDE PURCHASE ORDER/INVOICE**

***\*Advance Payment Request may take up to 45 calendar days to process.***

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| RECIPIENT NAME (AS IT APPEARS ON GRANT AGREEMENT) | GRANT AGREEMENT NUMBER (ASSIGNED BY CDFA)       |
| REQUESTED BY  | AMOUNT REQUESTED$  |
| ADVANCE PERIoDFrom through       (Month/Year) |
| JUSTIFICATION FOR REQUEST (e.g. low cash flow, major equipment purchase, etc.) |
|  |       |
| *Authorized Signature* | *Date* |

***CDFA USE ONLY***:

*APPROVED FOR PAYMENT*

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| AMOUNT PAYABLE |
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| PRG COST ACCT (PCA) |  |

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|  | OBJ CODE |

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| *Signature Date* |  |

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