**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.***

|  |  |
| --- | --- |
| RECIPIENT NAME  (AS IT APPEARS ON GRANT AGREEMENT) | GRANT AGREEMENT NUMBER  (ASSIGNED BY CDFA) |
| REQUESTED BY | AMOUNT REQUESTED  $ |
| ADVANCE PERIoD  From 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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| *Signature Date* | | | | | | | | | | | | | | | | | | | | | | |  |

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