

Healthy Soils Program - Demonstration Projects Advance Payment Request

7101	and rayin	om Roquoot	
Submit To:		Make Check Payable To:	
STATE OF CALIFORNIA California Department of Food and Agrico Office of Environmental Farming and Inno 1220 N Street, Room 162-1 Sacramento, CA 95814 Attn:		Attn:	
Rev. 10/2023			
The Advance Payment Request may take	e up to 45 calendar	days to process.	
1. GRANTEE NAME (AS IT APPEARS ON GRA	ANT AGREEMENT)	2. GRANT AGREEMENT	3. ADVANCE PAYMENT REQUEST#
4. PROJECT END DATE 5.	. ADVANCE PERIOD		6. AMOUNT REQUESTED
(mm/dd/yy)	rom through	gh (mm/yy)	\$
8. PRINT NAME AND TITLE OF AUTHORIZED 9. AUTHORIZED SIGNATURE	D PERSON SIGNING F	REQUEST	
9. AUTHORIZED SIGNATURE		IU. DATE	
	CDFA USE	ONL Y:	
	APPROVED FOR	R PAYMENT	
\$, AMOUNT PAYABLE		STATE FISCAL YEAR	INVOICE NUMBER
PROGRAM CODE		PROGRAM COST ACCT (PCA)	
ACCOUNT	CODE	OBJECT CODE	
SUPPLIER ID		VENDO	DR ID
CDFA Authorized Approver CDFA Author	rized Signature	 Date	Grant Specialist Initials Date