

Healthy Soils Program - Demonstration Projects Advance Payment Request

Advance Fayment Request	
Submit To:	Make Check Payable To:
STATE OF CALIFORNIA California Department of Food and Agriculture Office of Environmental Farming and Innovation 1220 N Street, Room 162-1 Sacramento, CA 95814 Attn:	Attn:
Rev. 02/2020	
The Advance Payment Request may take up to 45 calend	dar days to process.
1. GRANTEE NAME (AS IT APPEARS ON GRANT AGREEMENT)	2. GRANT AGREEMENT# 3. ADVANCE PAYMENT REQUEST#
4. PROJECT END DATE 5. ADVANCE PERIO	\$
(mm/dd/yy) From th 7. JUSTIFICATION FOR REQUEST (e.g. low cash flow, major eq	rough (mm/yy)
8. PRINT NAME AND TITLE OF AUTHORIZED PERSON SIGNIN	NG REQUEST
9. AUTHORIZED SIGNATURE	10. DATE
CDEAL	ISE ONLY:
	FOR PAYMENT
\$, AMOUNT PAYABLE	STATE FISCAL YEAR INVOICE NUMBER
PROGRAM CODE	PROGRAM COST ACCT (PCA)
ACCOUNT CODE	OBJECT CODE
SUPPLIER ID	VENDOR ID
CDFA Authorized Approver CDFA Authorized Signature	