



# State Water Efficiency and Enhancement Program Advance Payment Request

**Submit To:**

Office of Environmental Farming and Innovation  
California Department of Food & Agriculture 1220  
N Street, Room 344  
Sacramento, CA 95814  
Attn:

**Make Check Payable To:**

(Grantee Organization Name)

(Billing Address)

(City, State and Zip)

Attn:

**COMPLETE THE INFORMATION REQUESTED**

*\*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.)	
<i>Authorized Signature</i>	<i>Date</i>

**CDFA USE ONLY:**

APPROVED FOR PAYMENT

\$ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

AMOUNT PAYABLE

[ ][ ][ ] / [ ][ ][ ]

STATE FISCAL YEAR

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

INVOICE NUMBER

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

PROGRAM CODE

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PROGRAM COST ACCT (PCA)

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ACCOUNT CODE

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OBJECT CODE

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SUPPLIER ID

[ ]

VENDOR ID

\_\_\_\_\_  
*Authorized Approver*

\_\_\_\_\_  
*CDFA Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Grant Analyst Initials*

\_\_\_\_\_  
*Date*