

INVOICE
CalFresh Program Access
 (See Reverse for Instructions)

California Department of Social Services
 CalFresh Program Access Unit
 744 P Street, MS 8-9-32
 Sacramento, California 95814-5512

Date: January 0, 1900

Check if Final Report for Contract Term []
 Check if Final Report for Fiscal Year []
Contract Number: 0
Index Code: 1252
Contract Term: 0
Invoice Period : 0

Contractor Name/Address (to send warrant)
 [] Check if remittance address changed since last invoice
0
0
0

Telephone: 0

Federal Share Budget Categories (1)	Approved Federal Share Budget (2)	Actual Expenses This Period (3)	Cumulative Expenses To Date (4)	Unexpended Balance (5)
A. PERSONNEL SALARIES	0.00	-	-	0.00
B. FRINGE BENEFITS	0.00	-	-	0.00
C. OPERATING EXPENSES	0.00	-	-	0.00
D. EQUIPMENT EXPENSES	0.00	-	-	0.00
E. TRAVEL AND PER DIEM	0.00	-	-	0.00
F. SUBCONTRACTS	0.00	-	-	0.00
G. OTHER COSTS	0.00	-	-	0.00
H. INDIRECT COSTS	0.00	-	-	0.00
TOTAL EXPENSES	0.00	-	-	0.00
TOTAL PAYMENT REQUESTED		-		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and rgulations governing its payment.

 Signature of Project Coordinator

 Date

 Signature of Authorized Accounting Representative

 Date

Contract Number: 0
Index Code: 1252
CFDA Number: 10.561
CFDA Program Title: State Administrative Matching Grants for the Supplemental Nutrition Assistance Program

STATE SHARE DOCUMENTATION REPORT
CalFresh Program Access
 (See Reverse for Instructions)

California Department of Social Services
 CalFresh Program Access Unit
 744 P Street, MS 8-9-32
 Sacramento, California 95814-5512

Date: January 0, 1900

Check if Final Report for Contract Term []
 Check if Final Report for Fiscal Year []
 Contract Number: 0
 Index Code: 1252
 Contract Term: 0
 State Share Period : 0

Contractor Name/Address (to send warrant)
 [] Check if remittance address changed since last invoice
0
0
0

Telephone: 0

State Share Budget Categories (1)	Approved State Share Budget (2)	Actual Expenses This Period (3)	Cumulative Expenses To Date (4)	Unexpended Balance (5)
A. PERSONNEL SALARIES	0.00	-	-	-
B. FRINGE BENEFITS	0.00	-	-	-
C. OPERATING EXPENSES	0.00	-	-	-
D. EQUIPMENT EXPENSES	0.00	-	-	-
E. TRAVEL AND PER DIEM	0.00	-	-	-
F. SUBCONTRACTS	0.00	-	-	-
G. OTHER COSTS	0.00	-	-	-
H. INDIRECT COSTS	0.00	-	-	-
TOTAL EXPENSES	0.00	-	-	-
TOTAL STATE SHARE CLAIMED FOR THIS PERIOD		-		

I certify that the above State Share expenditures were directed toward eligible CalFresh Outreach and program access activities. No Federal funds were counted for these State Share expenditures (with the exception of Indian Tribal Organizations), nor were the funds used as Share for other Federal funds. I certify that the time and expenditure records for the above contributions are available for a State or Federal audit/review as necessary.

 Signature of Project Coordinator

 Date

 Signature of Authorized Accounting Representative

 Date

Contract Number: 0
Index Code: 1252
CFDA Number: 10.561
CFDA Program Title: State Administrative Matching Grants for the Supplemental Nutrition Assistance Program