

**INVOICE**  
*CalFresh Outreach*  
(See Reverse for Instructions)

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

Date: \_\_\_\_\_

Check if Final Report for Contract Term [ ]  
Check if Final Report for Fiscal Year [ ]

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

**Contract Number:** \_\_\_\_\_ 0  
**Index Code:** 1252  
**Contract Term:** \_\_\_\_\_ 0  
**Invoice Period :** \_\_\_\_\_ 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
<b>TOTAL PAYMENT REQUESTED</b>		-		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations 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 Outreach*  
(See Reverse for Instructions)

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

Date: \_\_\_\_\_

Check if Final Report for Contract Term [ ]  
Check if Final Report for Fiscal Year [ ]

**Contractor Name/Address (to send warrant)**

[ ] Check if remittance address changed since last invoice

\_\_\_\_\_  
0  
\_\_\_\_\_  
0  
\_\_\_\_\_  
0

**Contract Number:** \_\_\_\_\_ 0  
**Index Code:** 1252  
**Contract Term:** \_\_\_\_\_ 0  
**State Share Period :** \_\_\_\_\_ 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	-	-	-
<b>TOTAL STATE SHARE CLAIMED FOR THIS PERIOD</b>		-		

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