Statement of Administrative Costs

FOR COUNTY:

Number _____ Name _____
(001, etc)

Agency Type _____
(DSS, CSE, IND)

Service Month of _____
(November 20XX, etc.)

EXPENDITURES CLAIMED ELECTRONICALLY:

Part I _____

Part II _____ (Total Indirect Cost = _____)

Part IV _____

Total _____

CERTIFICATION

I hereby certify that all costs shown have been incurred in connection with official duties of the County Department of Social Services and that costs submitted are recorded on the official county financial records as an expense, and that same are true and correct to the best of my knowledge and belief.

_____
DSS County Director Date

_____
County Finance Officer Date

Figure IV-A