Preliminary County DSS Administrative Reimbursement Report

FOR COUNTY

Number _____ Name _____
(001, etc.)

Agency Type _____
(DSS, IND)

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

EXENDITURES CLAIMED:

County Administration (DSS-1571):

Salary & Fringe _____

Purchased Costs _____

Indirect Costs _____

Other Costs _____

Subtotal [ ]

Child Care Subsidy:

Child Care Subsidy Costs _____

Subtotal [ ]

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.

_____
Director, County DSS Date

_____
County Finance Officer Date

Figure VI-B