

# 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