Preliminary County DSS Administrative Reimbursement Report

FOR COUNTY			
Number(001, etc.)	Name		
Agency Type(Ds	SS, IND)		
Service Month of (No.	ovember, 20XX, etc.))	
EXENDITURES CLAIM	ED:		
County Administration (DS	S-1571):		
Salary & Fringe			
Purchased Costs			
Indirect Costs			
Other Costs			
	Subtotal		
Child Care Subsidy:			
Child Care Subsidy C	Costs		
Subtotal			
	TOTAL		
	CERTIFICA	ΓΙΟΝ	
I hereby certify that all costs of the County Department of Sofficial county financial recordes to fine my knowledge and be	ocial Services and to ords as an expense, a	hat costs submitted are re	corded on the
	$\overline{\mathtt{D}}$	pirector, County DSS	Date
	\overline{C}	County Finance Officer	Date