

**TITLE IV-D CHILD SUPPORT ENFORCEMENT PROGRAM  
STATEMENT OF ADMINISTRATIVE EXPENDITURE FOR PURCHASED SERVICE**

**TYPE EXPENDITURE CODE**  
 A-Purchase of Service Contract (Governmental)  
 B-Purchase of Service Contract (Private)  
 C-Cooperative Agreements  
 D-IV-D Blood Test

COUNTY: \_\_\_\_\_ NAME: \_\_\_\_\_ FOR THE MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

| (1)<br>DATE | (2)<br>CONTRACTEE CLASSIFICATION | (3)<br>RATE | (4)<br>UNITS | (5)<br>AMOUNT PAID | (6)<br>MATCHABLE TRAVEL PAID | (7)<br>COUNTY SHARE OF FRINGE BENEFITS | (8)<br>OTHER MATCHABLE EXPEN-DITURES | (9)<br>TOTALS | (10)<br>TYPE EXP. CODE |
|-------------|----------------------------------|-------------|--------------|--------------------|------------------------------|--|--------------------------------------|---------------|------------------------|
| XXXXX       | TOTALS                           | XXXXX       | XXXXX        |                    |                              |  |                                      |               | XXXXX                  |

I declare under penalties of perjury that all costs shown have been incurred in connection with official duties of the county in administering the State Plan for Title IV-D Child Support Enforcement and that cost submitted are recorded on the official county financial records as an expense, and that the same are true and correct to the best of my knowledge and belief.

DSS-1321 (Rev. 10/98)  
 County Admn. Acct

**SIGNED** \_\_\_\_\_ **APPROVED** \_\_\_\_\_

County IV-D Director County Finance Officer