

# 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