SOUTH CAROLINA			PURCHASE OF SERVICE REIMBURSEMENT REQUEST							PAG	EOF	
										L		
SECTION A GENERAL INFORMATION												
PROVIDER'S NAME: PROVIDER CODE:												
PROVIDER'S ADDRESS;								SEDVICE			05.45.550.555	
1 WASSER & MANUERS								SERVICE		TYPE OF PROVIDER		
DEFINIT CONCERTS BY DECITION								SINGLE		PRIVATE NON-PROFIT		
PERIOD COVERED BY REQUEST:								MULTIPLE		_	PRIVATE PROFIT	
FROM: TO: CONTRACT PERIOD:								4 OR LESS				
								S OR MOI	KE.	ן כי	-	
FROM:	ECTION R	TO:		EDV CLIENT CL	ASSIETCATE	ON AND DOLL AS	P AND	IINT SCHEDIII	E	l	··· .	
SECTION B SERVICE DELIVERY CLIENT CLASSIFICATION AND DOLLAR UNIT COST \$												
SERVICE CODE			DOLLARS		SERVICE	CODE		UNIT COST \$	-		DOLLARS	
	CLIENTS	UNITS						CLIENTS	UNITS			
I. SSI ,			-		1. \$\$1							
2. AFDC	1		-		2. AFD			-				
3. Income Eligible	ļ					ne Eligible						
4. Without Regard to Income					1	out Regard to Income						
5. WIN	ļ <u></u> .				5. WIN							
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SERVICE TOTAL					s	ERVICE TOTAL					<u> </u>	
SERVICE CODE	UNIT COST	\$ UNITS		DOLLARS	SERVICE	CODE		UNIT COST S — CLIENTS	UNITS	-	DOLLARS	
I. SSI	CLIENT				I, SSI			GEILATO	0.11.10			
2. AFDC				,		^		· · · · · ·				
					2. AFD			- 				
3. Income Eligible						3. Income Eligible		-	-	\dashv		
4. Without Regard to Income					4. Without Regard to Income							
5. WIN			_		5. WIN	VIN						
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			_	· · · · · ·								
												
SERVICE TOTAL					S	ERVICE TOTAL						
	-	FOTAL AMO	TNUC	OF DOLLARS	SI	JMMARY \$						
SECTION C FUND REIMBURSEMENT CATEGORY RECAP.								FOR DSS ONLY			AMOUNT	
I. FEDERAL FINANCIAL PARTICIPATION 75% F.F.P.										\$		
2. % F.F.P.												
										\$		
										\$	· 	
4								-	-	\$.	
5. DSS STATE APPROPRIATION 25%										\$		
6. DSS STATE APPROPRIATION %										\$		
7. CERTIFIED PUBLIC EXPENDITURE 25%									xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
8. CENTIFIED PUBLIC EXPENDITU	RE	<u>%</u>	\$						XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
9.										()	
TOTAL OR NET CLAIM AMOUNT										\$_		
SECTION D CERTIFICATION BY PROVIDER												
I DO SOLEMNLY SWEAR (OR AFFIR BOOKS AND RECORDS OF THE PRO OTHER REQUEST FOR REIMBURSE WILL THEY BE APPLIED FOR, FOR NECESSARY DOCUMENTATION TO	OVIDER NAME Ment from (R the Servic	D WITHIN, T OTHER FEDE CES HEREIN C	HAT TH RAL AN ESCRIE	IE AFORESAID INFO ID/OR STATE FUND: BED. THAT OUR AG	RMATION IS TE S HAS BEEN MA ENCY HAS ON	IUE AND CORRECT IDE NOR HAS ANY O FILE PROPER CLIE	TO THE THER I	BEST OF MY KN REIMBURSEMENT HORIZATIONS FO	IOWLEDGE / BEEN REC OR THESE S	AND BEI EIVED.	LIEF: AND THAT NO Applied for, Nor	
NECESSARY DOCUMENTATION TO SUPPORT THESE CLAIMS. THAT ALL CLAIMS REPORTED ARE WITHIN THE PERIOD PROVIDER'S SIGNATURE: TITLE:									DATE:			
												
REPORT PREPARED BY:		TITLE:				ADDRESS:		L			TELEPHONE:	