CERTIFICATION TO THE DEPARTMENT OF CHILD SERVICES_____
EXPENDITURES - APPROVED DISTRICT PLANS - TITLE _____

State Form 45530 (R2 / 2-06) / FM 0412
Approved by State Board of Accounts, 2006

County	District	Date (*month, day, year*)

Prepared by	Telephone number
	( )

CERTIFICATION OF COUNTY OFFICE DIRECTOR

I hereby certify that the attached claim, Claim for Reimbursement for _____ Expenditures (FM 0411), showing payment made from the Family and Children fund in the total amount of $ _____ is for services actually performed and authorized by the County Office, Department of Child Services.

ACCOUNT / SUB-ACCOUNT NUMBER (*from FM 0411 Column 4 and 5*)	AMOUNT (*from FM 0411*)	REIMBURSEMENT (*from FM 0413*)	NET TOTAL (*by line*)
Total for Column:			

I further certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Signature of County Office Director	Date (*month, day, year*)

REIMBURSEMENT CALCULATION
(*For use by Central Office only*)

1. Total expenditures certified by County Office.	$
2. Less: Repayments and amounts not eligible for reimbursement.	$
3. Total expenditures eligible for reimbursement.	$
4. Total reimbursement to County Office 100% of line 3 above.	$

Account number (*to be paid from*): _____

FID number (*County Auditor*): _____

DISTRIBUTION: Attach white and canary copies of FM 0411 and white and canary copies of FM 0413.
Send to: Family and Social Services Administration
Department of Child Services
402 West Washington Street, Room W364
ATTN: Account Clerk
Indianapolis, IN 46204

Pink copy - County File