

CLAIM FOR REIMBURSEMENT

SUBMIT AN ORIGINAL AND THREE COPIES TO:

California Department of Social Services
 Refugee Programs Bureau
 744 P Street, MS 9-6-646
 Sacramento, CA 95814

NAME AND ADDRESS OF CLAIMANT

CONTRACT/ALLOCATION NUMBER	PROGRAM NAME (Check One) <input type="checkbox"/> REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) <input type="checkbox"/> TARGETED ASSISTANCE (TA) <input type="checkbox"/> TA DISCRETIONARY	FEDERAL FISCAL YEAR FUNDS
COUNTY SERVICES PLAN PERIOD	GRANT AWARD PERIOD	SERVICES BILLING PERIOD

CLASSIFICATION OF EXPENDITURES	(A) NET AMOUNT THIS CLAIM	(B) COST PREVIOUSLY CLAIMED	(C) TOTAL COSTS TO DATE
County Administration			
Employment Services (ES)			
English Language Training (ELT)			
On-the-Job Training (OJT)			
Skills Training			
Case Management			
Other			
TOTAL ALL CLASSES			

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the project; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are properly chargeable as expenditures for administration of the project as specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Benefits and Services Advisory Board.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized; and that payments therefor have been made or expenditures otherwise incurred according to law.

SIGNATURE OF WELFARE DIRECTOR OR PROJECT ADMINISTRATOR	DATE
SIGNATURE OF AUDITOR OR CONTROLLER	DATE