

Iowa Department of Human Services		OFFICIAL RECEIPT	
Received From: (Name)			Date
Address			
The Value of:		\$	<u>Form of Remittance</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check or Draft <input type="checkbox"/> State Warrant <input type="checkbox"/> Food Stamps <u>Check Program Type</u> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medical Assistance <input type="checkbox"/> FACS <input type="checkbox"/> FIP <input type="checkbox"/> CSRU <input type="checkbox"/> Other
Explanation or Description:			
For:	Client Name	Client ID#	
	Client SSN.	Case Number	
By:	Worker Name	Office	
470-0009 (Rev. 6/98)		White-Payer	Yellow-See Manual Pink-Receipt Book
Yellow receipt copy must be retained for three and one-half years beyond the date of county audit			