## **Report of Local Administrative Expense**

## [county name]

Payments from County General Fund			Quarter Ended:				
			Warrant	5 :			

Claim No.	Payee	Item		rant	Partic. Amount	Cost Center	State Office Use
			Date	Num.			
1	2	3	4	5	6	7	8
I						- I	I .
To: State Department of Human Services, Des Moines Iowa				TOTAL \$			

I hereby certify that expenditures for local administrative expenses in the amounts shown above were made and entered in the records of the fund specified.

Local Administrator	

## Calculate!