

CERTIFICATE OF CLAIM

Completion of this form meets the requirements of s. 49.52 (2) (a), Wis. Stats. Failure to submit this form may result in non-reimbursement of county claims under this section.

Submit To: DIVISION OF ENTERPRISE SERVICES BUREAU OF FISCAL SERVICES CARS Unit 1 West Wilson Street, Room 736 PO Box 7850 Madison WI 53707-7850	Agency Number	Agency Type
	Date Form Completed (mm/dd/yy)	Report Period (mm/yy)
	County / Agency Name	

I / We hereby certify the expenses, refunds and adjustments reported through electronic reporting media in lieu of the F-80600 are just, true, and correct in the amounts stated. Reimbursement is claimed pursuant to Section 49.52, of Wisconsin Statutes, and claimed costs have not been previously reimbursed. Further, these costs represent actual and necessary costs to administer the provisions of the State/County contract.

SUMMARY OF EXPENDITURE REPORT	
HUMAN SERVICES PROGRAMS	
TOTAL REIMBURSABLE EXPENSES	\$ _____
TOTAL NON REIMBURSABLE EXPENSES	\$ _____
TOTAL REPORTED EXPENSES	\$ _____

SIGNATURE - Treasurer or Financial Manager	Date Signed
SIGNATURE - Administrator	Date Signed