

CHILD CARE BILLINGS/VOUCHERS/PAYMENTS RECONCILIATION

DELEGATE AGENCY:

P.O. #:

RELEASE #:

GRANT PERIOD:

There must be a separate worksheet for each P.O., each release and each fund

All billings (paid and unpaid) must be listed; they must be listed in order of month, activity #, and then by submitted date.

Any duplicate payment or unidentified payment must also be listed on a separate line in the Payment Information () section.*

All matched billings and payments (original and supplemental) must be listed.

MONTH	BILLING INFORMATION				PAYMENT INFORMATION (*)						LOR or UNPAID BALANCE		
	ACTIVITY #	SUBMITTED DATE	BILLING # (as shown on the billing)	BILLED AMOUNT	FUND #	CV NUMBER	DELETIONS	APPROVED AMOUNT	LIQUIDATION	DISBURSED AMOUNT		CHECK#	CHECK DATE
TOTALS:													
				-			0.00	0.00	0.00	0.00			-