

DEPARTMENT OF BENEFIT PAYMENTS



March 11, 1974

ALL-COUNTY LETTER NO. 74-43

TO: ALL COUNTY WELFARE FISCAL OFFICERS

SUBJECT: ADMINISTRATIVE EXPENSE CLAIM FORMS

REFERENCE:

INA

The attached forms are advance copies of the DFA 47, Social Services Time Study Summary and program allocation ratios. The form is used in the preparation of the Administrative Expense Claim and will also provide data necessary at the state level. Please complete these forms and retain one copy for the Administrative Expense Claim and send the other copy to the following address.

Department of Benefit Payments
744 P Street
M. S. 16-36
Sacramento, CA 95814

The time study summary sheet for eligibility workers, DFA 323, will be received in a few days. Once it is completed, please send one copy to the above address.

All other forms for the claim will be received toward the end of March. If any questions arise in the meantime, please contact Dick Lowry at 916/445-7046.

Sincerely,

fa WILLIAM J. KURTZ, Deputy Director
Administration

Attachment

cc: CWDA

OBSOLETE

Superseded by

AC 77-15

Issued

3-17-77