IV-D CHILD SUPPORT BILLING REPORT
Interagency Cooperative Agreement - State's Attorney

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 341 (10-2022)

Clear Fields

County Name	Month/Year
Name of Attorney or Individual Providing Service	

Paragraph A Section II Costs
Participation in a IV-D case court proceeding at the request of State IV-D office

				Other Direct Costs		
Date	Time - .1 hr Increments	Name of Obligor	Activities Performed	Travel Cost*	Printing, Filing Fees, and Extradition Cost*	Total

Paragraph B Section II Costs
Invesitgation and prosecution of criminal non-support cases referred by State IV-D

				Other Direct Costs		
Date	Time - .1 hr Increments	Name of Obligor	Activities Performed	Travel Cost*	Printing, Filing Fees, and Extradition Cost*	Total

* Attach Support

I do hereby certify that the claim is just and true; that the time therein claimed was actually expended on IV-D activities rendered; that the IV-D activities performed and costs claimed are allowable and consistent with the Interagency Cooperative Agreement.

Signature of Attorney or Individual Providing Service	Date

To be Completed by County Auditor:

Monthly salary converted to hourly rate using 173.33 hours as a basis	
Fringe benefits converted to hourly rate using 173.33 hours as a basis	
Total Hourly Salary Rate	

Paragraph A Section II Costs				Total Claim	% to be Reimbursed	Amount to Be Reimbursed
Total Salary & Fringe	Salary Rate	x	Time =			
Total Other Direct Costs						
Total Paragraph A Section II Costs					X 100%	

Paragraph B Section II Costs

Total Salary & Fringe	Salary Rate	x	Time =			
Total Other Direct Costs						
Total Paragraph B Section II Costs					x 66%	
			Total			

I do hereby certify that the claim is just and true; that the time therein claimed was actually expended on IV-D activities rendered; that the IV-D activities performed and costs claimed are allowable and consistent with the Interagency Cooperative Agreement.

Signature of County Auditor	Date