RECEIPT FOR DELIVERY OF RECORDS (AUDITS)

INSTRUCTIONS: *Original to Provider*
Copy to Case File

PROVIDER NAME		PROGRAM NUMBER	DATE
PROVIDER ADDRESS	CITY	STATE	ZIP CODE

Receipt of those records (e.g., books of account, documents, and memoranda) described below from _____

_____ is hereby acknowledged.

Document Name:	Number of Pages:

Received for Department of Social Services, Foster Care Audits and Rates Branch

BY	TITLE

The return of the above records is hereby acknowledged.

BY	DATE