

STATE AGENCY REPORT OF OBLIGATIONS FOR SSA DISABILITY PROGRAM

(See instructions for completing form on reverse)

NAME OF AGENCY		STATE	
FISCAL YEAR		FOR PERIOD	
		From:	To:
REPORTING ITEMS - ALL TITLES	(A) DISBURSEMENTS	(B) UNLIQUIDATED OBLIGATIONS	
1. Personnel Service Costs			
2. Medical Costs <i>(sum of 2a+2b)</i>	0	0	
a. Consultative Examinations <i>(sum of a1+a2+a3)</i>	0	0	
1) Disability Insurance (DI) Claims			
2) Supplemental Security Income (SSI) Claims			
3) Concurrent DI/SSI Claims			
b. Medical Evidence of Record <i>(sum of b1+b2+b3)</i>	0	0	
1) Disability Insurance (DI) Claims			
2) Supplemental Security Income (SSI) Claims			
3) Concurrent DI/SSI Claims			
3. Indirect Costs <i>[see attached addendum]</i>			
4. All Other Nonpersonnel Costs	0	0	
a. Occupancy			
b. Contracted Costs (exclude EDP)			
c. EDP Maintenance			
d. New EDP Equipment/Upgrades			
e. Equipment Total	0	0	
1) Purchases			
2) Rental			
f. Communications			
g. Applicant Travel			
h. DDS Travel			
i. Supplies			
j. Miscellaneous			
5. Total: <i>(sum of 1 thru 4)</i>	0	0	
6. Cumulative Obligational Authorization			

7. SSA-871 Attached?

YES NO

I CERTIFY THAT THE ABOVE REPORT AND ANY SUPPORTING STATEMENTS ARE TRUE STATEMENTS OF DISBURSEMENTS AND UNLIQUIDATED OBLIGATIONS FOR DETERMINATIONS OF DISABILITY UNDER THE PROVISIONS OF THE SOCIAL SECURITY ACT, AS AMENDED.

SIGNATURE	TITLE
-----------	-------

