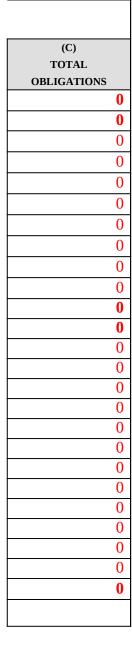
STATE AGENCY REPORT OF OBLIGATIONS FOR SSA DISABILITY PROGRAI

(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	(sum of 2a+2b)	0	0
a. Consultative Examinations	(sum of a1+a2+a3)	0	0
1) Disability Insurance (DI) Claims			
2) Supplemental Security Income (SSI) C	laims		
3) Concurrent DI/SSI Claims			
b. Medical Evidence of Record	(sum of b1+b2+b3)	0	0
1) Disability Insurance (DI) Claims			
2) Supplemental Security Income (SSI) C	laims		
3) Concurrent DI/SSI Claims			
3. Indirect Costs	[see attached addendum]		
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:	(sum of 1 thru 4)	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			
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DATE