

ISSUANCE RECONCILIATION REPORT

NOTE: Report due 90 days after end of report month

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0080. The time required to complete this collection is estimated to average 8 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

1. NAME AND ADDRESS OF RECONCILIATION POINT ALABAMA DHR S.GORDON PERSONS BLDG. MONTGOMERY, AL, 361300000	2. TYPE OF REPORT <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Final <input type="checkbox"/> Revision For 1/2011, Revision 0 3. PROJECT CODE FOR RECONCILIATION POINT 0100002	4. CONSOLIDATED RECONCILIATION REPORT NUMBER OF PROJECT AREAS: 1 NUMBER OF ISSUANCE POINTS: 67
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5. Issuance Systems Used	SNAP-EBTO1-EB		
FEDERAL OBLIGATIONS			
6. Total Issuance this month	110,577,071		
7. Returns during current month	249,577		
8. Net Issuance (Line 6 minus Line 7)	110,327,494		
9. Value of authorized replacement(s)			
MASTER FILE RECONCILIATION			
10. Issuance record not found on Master Iss. File			
11. Value of unauth. duplicate/replace. transacted			
12. All other Issuances not documented and reconciled by final report			
TRANSACTION RECONCILIATION (Record-for-issuance)			
13. Altered/counterfeit auth. docs. transacted			
14. Expired authorization documents transacted			
15. Lost/stolen blank auth. docs. transacted			
16. Out-of-State auth. doc. or card transacted			
17. Auth. doc. with no photo-ID no. transacted			
18. Unsigned/unstamped auth. doc. transacted			
19. Other invalid issuance			
OTHER ISSUANCE LIABILITIES			
20. Unauthorized Issuance after FNS directive			
21. Unauth. Issuance in court order/settlement			
TOTALS			
22. Total overissuance (Add line 10 through 21)			
23. Total valid issuance (Line 8 minus Line 22)	110,327,494		

24. REMARKS (* Specify and/or describe)

I CERTIFY that this report was compiled in accordance with the procedures set forth in the SNAP Regulations. I further certify that this report is true and correct and I understand that I make these certifications under penalty of law.

25. DATE	26. SIGNATURE	27. TITLE
STAMP/CERTIFY DATE 2/7/2011	LAST UPDATED BY Sally Evans	LAST UPDATED ON 2/8/2011