

Submodule: Studio
Form Name: HR 40 (10-10)
Form Description: Insurance Reconciliation Report
Program: SNAP HR 40 Insurance Reconciliation
Agency Code: 000002 Agency Name: RECONCILIATION
Program Year: 000000
Submission Type: Monthly
Submission Method: New Submission
Revision: 1

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Insurance Reconciliation Report	Number
A. Conventional Reconciliation Report	
1. Number of Project Sites	
B. Insurance Type Used	
Insurance Type Used	
2a. Total Regular Operating Insurance this month	SNAP-ERTC-08
2b. Total 0-SNAP (Non-Participant) Insurance this month	
2c. Total Disaster Supplemental Insurance this month	
2d. Total Replacement Insurance this month	
2e. Total Insurance to State/Federal Investigators this month	
2f. Total Other Insurance this month	
3. Total All Insurance this month (Sum 2a, 2b, 2c, 2d, 2e and 2f)	
Balance During Current Month	
4a. Total 0-SNAP Returns this month	SNAP-ERTC-08
4b. Total Non-0-SNAP Returns this month	
4c. Total Returns this month (Sum 4a and 4b)	SNAP-ERTC-08
5. Net Total All Insurance (Line 3 minus Line 4c)	
Master File Reconciliation	
6. Insurance record not found on Master Insurance File	SNAP-ERTC-08
7. Total of unsubmitted and/or unreported transactions	
8. All other Insurance not submitted and reported by Field report	SNAP-ERTC-08
Other Insurance Lockfiles	
9. Unsubmitted Insurance after PMS Effective	
10. Unsubmitted Insurance in report overstatement	
Totals	
11. Total Overstatements (Add line 9 through 10)	SNAP-ERTC-08
12. Net Valid Insurance (Line 5 minus Line 11)	