

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: 2018
Submission Type: Monthly
Submission Method: New Submission
Revision: 1

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Insurance Reconciliation Report	Number
A. Conventional Reconciliation Report	
B. Number of Project Sites	
C. Insurance Type Used	
Insurance Type Used	
SNAP-ERTC-08	
D. Total Regular Operating Insurance this month	
E. Total SNAP (Non-Participant) Insurance this month	
F. Total Disaster Expenditures Insurance this month	
G. Total Replacements Insurance this month	
H. Total Insurance to State/Federal Investigators this month	
I. Total Other Insurance this month	
J. Total All Insurance this month (Lines G, H, I, G, H, G, H, G, H, G, H)	
K. Total SNAP Returns this month	
L. Total Non-SNAP Returns this month	
M. Total Returns this month (Lines K and L)	
N. Net Total Insurance	
SNAP-ERTC-08	
O. Net Total all Insurance (Line M minus Line N)	
P. Net Total Reconciliation	
SNAP-ERTC-08	
Q. Insurance report not found on Provider Insurance File	
R. Total of unsubmitted and unsubmitted/returned	
S. All other Insurance not submitted and reported by final report	
Other Insurance Lockfile	
SNAP-ERTC-08	
T. Unsubmitted Insurance after PMS Effective	
U. Unsubmitted Insurance in court order/settlement	
Totals	
SNAP-ERTC-08	
V. Total Overstatements (Lines 8 through 13)	
W. Total Understatements (Lines 8 through 14)	