Period Under Review (PUR) [date]
PMS Disbursement Amount for PUR \$

Grant Number Grant Reci	pient Name Payment Date	Check Number/EFT	Payment Amount
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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information colle Office of Head Start (OHS) examine grant recipient use of federal funds in accordance with the Improper Payments Information Act 2 of information is estimated to average 1 hour per grant recipient, including the time for reviewing instructions, gathering and m collection of information. This is a mandatory collection of information (Title 2, Code of Federal Regulations (CFR), Part 200, S *Requirements*" [also codified at Title 45, CFR, Part 75, Subsection 300]). An agency may not conduct or sponsor, and a person information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control expiration date is 11/30/2023. If you have any comments on this collection of information, please contact [contact].

OMB Control Number: 0970-0558, Expiration Date: 11/30/2023

Payee Name	Account Type	Description	Comments

ection, ACF is gathering information to help the 002. Public reporting burden for this collection aintaining the data needed, and reviewing the bubsection 300, "*Statutory and National Policy* is not required to respond to, a collection of ol number. The OMB # is 0970-0558 and the