

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 4 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	2. TYPE OF REPORT ___ Initial Report ___ Final ___ Revision For Revision	4. CONSOLIDATED RECONCILIATION REPORT NUMBER OF PROJECT AREAS: NUMBER OF ISSUANCE POINTS:		
	3. PROJECT CODE FOR RECONCILIATION POINT			
5. Issuance Type Used				
ISSUANCES DURING CURRENT MONTH				
6a. Total Regular Ongoing Issuance this month				
6b. Total D-SNAP (New Participation) Issuance this month				
6c. Total Disaster Supplements Issuance this month				
6d. Total Replacements Issuance this month				
6e. Total Issuance to State/Federal Investigators this month				
6f. Total Other Issuance this month				
6. Total All Issuance this month (Lines 6a, 6b, 6c, 6d, 6e and 6f)				
RETURNS DURING CURRENT MONTH				
7a. Total D-SNAP Returns this month				
7b. Total Non-D-SNAP Returns this month				
7. Total Returns this month (Lines 7a and 7b)				
NET TOTAL ISSUANCE				
8. Net Total All Issuance (Line 6 minus Line 7)				
MASTER FILE RECONCILIATION				
9. Issuance record not found on Master Issuance File				
10. Value of unauthorized duplicate/replacement transacted				
11. All other Issuances not validated and reconciled by final report				
OTHER ISSUANCE LIABILITIES				
12. Unauthorized Issuance after FNS Directive				
13. Unauthorized Issuance in court order/settlement				
TOTALS				
14. Total Overissuance (Add line 9 through 13)				
15. Total valid Issuance (Line 8 minus Line 14)				
16. 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.

17. DATE	18. SIGNATURE	19. TITLE
STAMP/CERTIFY DATE	LAST UPDATED BY	LAST UPDATED ON