

**Brian P. Kemp**  
Governor

**Candice L. Broce**  
Commissioner



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

**FINANCIAL INSTITUTION DATA MATCH  
REIMBURSEMENT REQUEST**

**Date:** \_\_\_\_\_

**Remit Payments To:** \_\_\_\_\_

**FEI#:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person's Name, Email & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period for Reimbursement	Year	Reimbursement Amount	Approved for Payment
First Quarter July-September	20_____	\$	
Second Quarter October-December	20_____	\$	
Third Quarter January-March	20_____	\$	
Fourth Quarter April-June	20_____	\$	

**Total amount requested: \$** \_\_\_\_\_

**Send Invoice to:**  
Department of Human Services  
Division of Child Support Services  
Contracts & Grants  
2910 Miller Road, Suite 200  
Decatur, GA 30035

Email: [DCSS-Contracts-Grants@dhs.ga.gov](mailto:DCSS-Contracts-Grants@dhs.ga.gov)