



Georgia Department of Human Resources • Office of Child Support Services
Two Peachtree Street, NW • Suite 20-392 • Atlanta, Georgia 30303-3142

FINANCIAL INSTITUTION DATA MATCH REIMBURSEMENT REQUEST

DATE: _____

REMIT PAYMENTS TO: _____

FEI#: _____

ADDRESS: _____

CONTACT PERSON NAME & PHONE#: _____

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 Resources**
Office of Child Support Services
FIDM coordinator
Atlanta GA 30303-3412
Phone: (404) 463-6861 or FAX : (404) 657-3326