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**FINANCIAL INSTITUTION DATA MATCH**

**REIMBURSEMENT REQUEST**

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

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

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

**Address:**

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

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

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

**Contact Person’s Name & Phone#:**

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

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

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

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| --- | --- | --- | --- |
| **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

FIDM Coordinator

2 Peachtree Street NW, 20th Floor

Atlanta, GA 30303

2 Peachtree St. N.W., Atlanta, GA 30303 | dhs.ga.gov