DEPARTMENT OF HUMAN SERVICES

CHILD DEVELOPMENT AND CARE

STATEMENT OF PAYMENTS

REPORT NUMBER CH-151

ADC CHILD DAY CARE CENTER

1234 MAIN STREET
ANYTOWN MI 48910

VOUCHER NO: 01FI99999999
VOUCHER DATE: 08/30/2005
PROVIDER ID NO: 7654321
PAYMENT PERIOD: 08/07/2005 TO 08/20/2005
PAY PERIOD NO: 517

CHILD'S NAME / PAY PERIOD	CHILDS ID NO. / HOURS AUTH	BILL	PAID	CASE NO. / CHARGE FOR CARE	DP%	WORKER NUMBER / AMOUNT	ERROR DESCRIPTION
CLAVIN CONNIE	87654321			V1234567A		33000101	
08/07/05 – 08/20/05	100	100	100	$250	95	$237.50	
DOCUMENT NUMBER = 9999999999							
SMITH STEVEN	66554433			V3254176A		33000101	BILLING GREATER THAN
08/07/05 – 08/20/05	75	100	75	$250	100	$187.50	AUTH HOURS NOT PAID=25
DOCUMENT NUMBER = 9999999998							
WILLIAMS WENDY	75643120			V2154876A		33000102	NO AUTH – DHS WILL
08/07/05 – 08/20/05	00	40	00	000	00	000.00	REPROCESS. HOURS NOT
DOCUMENT NUMBER = 9999999997							PAID = 40
YOUNG JAMES	32416543			V2583697A		33000102	
07/24/05 – 08/06/05	75	70	70	$140	80	$112.00	LATE BILLING FOR PERIOD
DOCUMENT NUMBER = 9999999996							516
08/07/05 – 08/20/05	70	70	70	$140	80	$112.00	

GROSS TOTAL DHS PAY	$636.50
RECOUPMENT AMT	0.00
NET TOTAL DHS PAY	$649.00