REPORT OF REPAYMENT - ________________________
EXPENDITURES - APPROVED DISTRICT PLANS - TITLE ________________

State Form 45531 (R2 / 10-05) / FM 0413
Approved by State Board of Accounts, 2005

County	Date (*month, day, year*)

CASE NUMBER	CHILD'S NAME IN FULL	RECEIPT (FM FORM 37)		
		DATE	NUMBER	AMOUNT
1	2	3	4	5
		TOTAL OF REPAYMENTS		

DISTRIBUTION: Attach white and canary copies of FM 0411 and white and canary copies of FM 0412.

Send to : DEPARTMENT OF CHILD SERVICES
402 West Washington Street, Room W364
Attn: Account Clerk
Indianapolis, IN 46204

Pink copy - County File