



CHILD CARE OVERPAYMENT CALCULATION WORKSHEET

Report Date: _____ Case Name: _____
 Overpayment Recipient: _____ Case Number: _____
 SSN/FEIN: _____ CCR&R: _____
 Overpayment Reason(s): _____

Admin. Fee Amount

SERVICE MONTH	CHILD'S NAME	ORIGINAL PAYMENT AMOUNT				CORRECT PAYMENT AMOUNT				MISC. INFORMATION			
		ORIGINAL # OF DAYS PAID	X ORIGINAL DAILY RATE	- ORIGINAL PARENT CO-PAY	= ORIGINAL AMOUNT OF CC PAID	ORIGINAL # OF DAYS PAID	X ORIGINAL DAILY RATE	- ORIGINAL PARENT CO-PAY	= ORIGINAL AMOUNT OF CC PAID	UNION DUES	OVER-PAYMENT	VOUCHER NUMBER	WARRANT NUMBER
Total Days Paid		Total Original Amount				Total Correct Amount				Total Overpayment			
											Admin. Fee to Recoup.		
											GRAND OP TOTAL:		



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	TOTALS FROM PAGE 1												
	Total Days Paid :		Total Original Amount			Total Correct Amount					Total Overpayment		
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	TOTALS FROM PAGE 2												
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	TOTALS FROM PAGE 4												
	Total Days Paid :		Total Original Amount			Total Correct Amount					Total Overpayment		
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											GRAND OP TOTAL:		