

## Alabama Business Charitable Trust Fund, Inc.

### Erroneous Payment Review/Report

Administrative Data			
Type of Erroneous Payment: <input type="checkbox"/> Client Error  <input type="checkbox"/> Agency Error  <input type="checkbox"/> Suspected Fraud  <input type="checkbox"/> Overpayment      Amount \$ _____  <input type="checkbox"/> Ineligible Payment      Amount \$ _____	SSN  Agency  Client Name  Client Address	Ist Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone  County

#### Summary of Information

Give a brief description of the erroneous payment to include: 1) Circumstances of the erroneous payment; 2) Worker statement; 3) Client statement; and 4) How you arrived at the dollar value. (Attach additional sheets if needed.)

Date	Investigator Signature	Director Signature
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#### Trust Office Use Only

Comments/Recommendations

Date	Supervisor	File
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