BUREAU OF LABOR STATISTICS

U.S. DEPARTMENT OF LABOR



TRANSMITTAL AND CERTIFICATION FORM FOR LMI COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS

OMB No. 1220-0079 Approval Expires xx-xx-xxxx

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	To:
bmitted for the closeout of the coope.	•
Final <u>Documen</u>	nt Name
LMI Finar	ncial Reconciliation Worksheet (2 Parts)
Financial	Reports
Property I	Listing (if applicable)
	d Human Services Payment Management (HHS-PMS) FCO Report
Other (Sp	pecify)
ompany and constitute the cooperativ of my knowledge and belief, that all p een met."	s form is correct and complete. Further, all ve agreement closeout package are correct and program objectives, as delineated in the cooperative
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