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| **Audit Case File Coversheet** |
| **Temporary Assistance 2014 Audit** | Date Record Requested:  | Date Record Received:  | Date Returned to FSD RWH:  |
| Case File Name:  | Case File DCN:  |
| **Send Paper File To:****FSD Records Warehouse****312 Wilson Drive****PO Box 1371****Jefferson City, MO 65102** |
| **Return File to:****To ensure the case file is returned to the appropriate location, please complete the information below. If only a copy of the file was sent and there is no need to return to the office, please leave blank.** |
| Attention: FSD Office: Address: City, State, Zip Code: Telephone Number of Office: Name and Telephone Number of Contact Person:  |