

# Receipt of State Supplementary Payment (SSP)

SSP RECIPIENT NAME (Last, First, MI)		SOCIAL SECURITY NUMBER		CO	RECORD NUMBER	CAT	GG	PSC	DIST
ADDRESS - STREET NO., PO BOX, CITY, STATE							ZIP CODE PLUS 4		
NAME OF PERSON MAKING PAYMENT - IF DIFFERENT THAN ABOVE (Last, First, MI)									
ADDRESS - STREET NO., PO BOX, CITY, STATE							ZIP CODE PLUS 4		
TOTAL PAYMENT AMOUNT	DOLLARS \$	CENTS	ORIGINAL ISSUANCE DATA	BENEFIT NUMBER			BENEFIT DATE / /		
Was the original issuance an OTI?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please list Reason Code: _____					
REASON FOR RETURN									
<div>_____ CAO REPRESENTATIVE</div> <div>_____ DATE</div>									
COMMENTS									
Original Treasury checks should be returned to:  Commonwealth of Pennsylvania Department of Treasury SSP Disbursements P.O. Box 8001 Harrisburg, PA 17105-8001					Personal checks and money orders should be mailed to:  Bureau of Accounting & Financial Management General Accounting   Revenue & Cash Management Pennsylvania Office of Budget   Office of Comptroller Operations 555 Walnut St., 9th Floor   Harrisburg, PA 17101-1925				