

REPORT OF EXPENDITURES

COUNTY MENTAL HEALTH AND INTELLECTUAL & DEVELOPMENTAL DISABILITIES PROGRAM

Month: _____ Quarter: _____
 Period From: _____ to _____

County Program: _____
 Cost Center: _____

	TOTAL BUDGET	REPORTING MONTH	YEAR- TO-DATE	BUDGET BALANCE
I. EXPENDITURE ITEM				
A. Personnel Services				
1. Wages and Salaries				-
2. Employee Benefits				-
3. Miscellaneous Personnel				-
B. Operating Expenses				
1. Occupancy				-
2. Communications				-
3. Administrative Supplies				-
4. Treatment & Support Supplies				-
5. Transportation				-
6. Purchased Treatment Services				-
7. Misc. Operating Expenses				-
C. Equipment & Other Fixed Assets				
1. Purchase of Fixed Assets				-
2. Repairs & Improvement of Fixed Assets				-

II. NET COSTS ELIGIBLE FOR DHS PARTICIPATION				
A. Total Costs (Sum of I-A, I-B, & I-C)	-	-	-	-
B. Amount not Eligible for DHS Participation				-
C. Income (from Part 1, MH/ID 18)				-
D. Total Net Cost Eligible for DHS Participation (Line A minus (B+C) of Section II)	-	-	-	-

III. FUNDING LEVELS FOR DHS REIMBURSEMENT				
A. Total Cost Eligible for 90% DHS Funding				
B. Total Cost Eligible for 100% DHS Funding				
C. Total Cost Eligible for 90% DHS Categorical Funding				
D. Total Cost Eligible for 100% DHS Categorical Funding				

IV. EXCESS/(DEFICIT) "II-D LESS III"	-	-	-	-
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