

INSTRUCTIONS FOR MH/ID 19

ITEMIZED SCHEDULE OF EQUIPMENT PURCHASES

Form MH/ID 19 reports the quantity, description, and costs of all equipment purchased by the county Program. Those items whose expenses have been recorded in the Intermediate Object Account of Fixed Assets must be listed on this form, and grouped by cost center. Each item is listed individually.

- Column 1:** List all cost centers in which equipment purchases have been made.
- Column 2:** For each cost center, enter the number of items that have been purchased.
- Column 3:** Describe the item or items that have been purchased (for example: desk, typewriter, etc.)
- Column 4:** Enter the total amount paid for the item or items.
- Column 5:** Enter that amount of the total cost that is not eligible for Department of Human Services funding participation.
- Column 6:** Enter that part of the total cost which is eligible for Department of Human Services funding participation (Column 4 minus Column 5).

TOTALS: For Columns 4 and 6 only, compute a sub-total of the amounts expended for items in each cost center that has been cited.

PAGE NUMBERS: If more than one page is required to list equipment purchases, number each page consecutively (1 of 3, 2 of 3, 3 of 3, etc.).

VERIFICATION OF ITEMS PURCHASED: Receipts must be maintained by the Agency as a permanent record of all purchases cited on this form; and such records will be supplied upon request to the Department of Human Services.

SUBMISSION: The MH/ID 19 is submitted as an annual report at the end of a fiscal year. It accompanies the fiscal year end Annual MH/ID 17 Report.