



EXHIBIT \_\_\_\_\_

**COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT OR ADVANCE**

PROVIDER NAME : \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TYPE OF REQUEST: \_\_\_\_\_  
 CONTRACT # \_\_\_\_\_ APPR. CAT. \_\_\_\_\_ OCA \_\_\_\_\_ FUND \_\_\_\_\_ EO \_\_\_\_\_  
 PERIOD COVERED BY THIS REPORT: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

| BUDGET SUMMARY   | TOTAL CONTRACT<br>AMOUNT | AMENDED AMT<br>DATE _____ | TOTAL EXPEND.<br>THIS REPORT | EXPENDITURES<br>YEAR TO DATE |
|--|--------------------------|---------------------------|------------------------------|------------------------------|
| <b>I. PERSONNEL SERVICES</b>                               |                          |                           |                              |                              |
| (a) SALARIES   | _____                    | _____                     | _____                        | _____                        |
| (b) FRINGE   | _____                    | _____                     | _____                        | _____                        |
| <b>TOTAL PERSONNEL =</b>                                   | _____                    | _____                     | _____                        | _____                        |
| <b>II. EXPENSES</b>  |                          |                           |                              |                              |
| (a) BUILDING OCCUPANCY                                     | _____                    | _____                     | _____                        | _____                        |
| (b) PROFESSIONAL SERVICES                                  | _____                    | _____                     | _____                        | _____                        |
| (c) TRAVEL   | _____                    | _____                     | _____                        | _____                        |
| (d) EQUIPMENT COSTS  | _____                    | _____                     | _____                        | _____                        |
| (e) FOOD SERVICES  | _____                    | _____                     | _____                        | _____                        |
| (f) MEDICAL AND PHARMACY                                   | _____                    | _____                     | _____                        | _____                        |
| (g) SUBCONTRACTED SERVICES                                 | _____                    | _____                     | _____                        | _____                        |
| (h) INSURANCE  | _____                    | _____                     | _____                        | _____                        |
| (i) INTEREST   | _____                    | _____                     | _____                        | _____                        |
| (j) OPERATING SUPPLIES &<br>EXPENSES                       | _____                    | _____                     | _____                        | _____                        |
| (k) OTHER  | _____                    | _____                     | _____                        | _____                        |
| (l) DONATED ITEMS  | _____                    | _____                     | _____                        | _____                        |
| <b>TOTAL EXPENSES =</b>                                    | _____                    | _____                     | _____                        | _____                        |
| <b>III. NONEXPENDABLE PROPERTY</b>                         |                          |                           |                              |                              |
| (a) EQUIPMENT  | _____                    | _____                     | _____                        | _____                        |
| (b) PROPERTY   | _____                    | _____                     | _____                        | _____                        |
| <b>TOTAL NONEXPENDABLE PROPERTY =</b>                      | _____                    | _____                     | _____                        | _____                        |
| <b>IV. COMPUTER HARDWARE, SOFTWARE,<br/>&amp; SERVICES</b> |                          |                           |                              |                              |
| <b>TOTAL COMPUTER EXPENSES =</b>                           | _____                    | _____                     | _____                        | _____                        |
| <b>V. ADMINISTRATION</b>                                   |                          |                           |                              |                              |
| <b>GRAND TOTAL =</b>                                       | _____                    | _____                     | _____                        | _____                        |
| AMOUNT OF FUNDS REQUESTED                                  |                          |                           | \$                           | _____                        |
| AMOUNT OF ADVANCED FUNDS RECOUPED                          |                          |                           | \$                           | _____                        |
| STATE AMOUNT OF PAYMENT                                    |                          |                           | \$                           | _____                        |
| (to be completed by contract manager)                      |                          |                           |                              |                              |

I CERTIFY THE ABOVE REPORT IS A TRUE AND CORRECT REFLECTION OF THIS PERIOD'S ACTIVITIES AND THAT  
 REPORTED EXPENDITURES HAVE BEEN MADE FOR ALLOWABLE ITEMS RELATED TO THE PURPOSE OF THIS CONTRACT

SIGNATURE OF PROVIDER AGENCY OFFICIAL \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

Date Invoice Received: \_\_\_\_\_

Date Goods/Services Received: \_\_\_\_\_

Date Inspected and Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature

Title

Date