SCHEDULE OF EQUIPMENT PURCHASES
COUNTY MENTAL HEALTH AND MENTAL RETARDATION PROGRAM

COUNTY PROGRAM

PERIOD
from **to**

COST CENTER	QUANTITY	DESCRIPTION OF ITEM	TOTAL AMOUNT EXPENDED	AMOUNT NOT ELIGIBLE FOR DPW PARTICIPATION	AMOUNT ELIGIBLE FOR DPW PARTICIPATION
(1)	(2)	(3)	(4)	(5)	(7)

Page _____ of _____