

## REPORT OF EXPENDITURES COUNTY MENTAL HEALTH AND MENTAL RETARDATION PROGRAM

Month: \_\_\_\_\_ Quarter \_\_\_\_\_  
 Period From: \_\_\_\_\_ to \_\_\_\_\_

County Program: \_\_\_\_\_  
 Cost Center: \_\_\_\_\_

	TOTAL BUDGET	REPORTING MONTH	YEAR- TO-DATE	BUDGET BALANCE
<b>I. EXPENDITURE ITEM</b>				
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				-

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

<b>III. FUNDING LEVELS FOR DPW REIMBURSEMENT</b>				
A. Total Cost Eligible for 90% DPW Funding				
B. Total Cost Eligible for 100% DPW Funding				
C. Total Cost Eligible for 90% DPW Categorical Funding				
D. Total Cost Eligible for 100% DPW Categorical Funding				

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