



COST REIMBURSEMENT REPORT SUMMARY

PROVIDER NAME : _____
 CONTRACT # _____ OCA _____
 PERIOD COVERED BY THIS REPORT: From ____/____/____ To ____/____/____

BUDGET SUMMARY	TOTAL CONTRACT EXPENDITURES YTD AMOUNT	(Prior to this Period)	TOTAL EXPEND. THIS PERIOD	EXPENDITURES YEAR TO DATE
I. PERSONNEL SERVICES				
(a) SALARIES	_____	_____	_____	0
(b) FRINGE	_____	_____	_____	0
TOTAL PERSONNEL =	0	0	0	0
II. EXPENSES				
(a) BUILDING OCCUPANCY	_____	_____	_____	0
(b) PROFESSIONAL SERVICES	_____	_____	_____	0
(c) TRAVEL	_____	_____	_____	0
(d) EQUIPMENT COSTS	_____	_____	_____	0
(e) FOOD SERVICES	_____	_____	_____	0
(f) MEDICAL AND PHARMACY	_____	_____	_____	0
(g) SUBCONTRACTED SERVICES	_____	_____	_____	0
(h) INSURANCE	_____	_____	_____	0
(i) INTEREST	_____	_____	_____	0
(j) OPERATING SUPPLIES & EXPENSES	_____	_____	_____	0
(k) OTHER	_____	_____	_____	0
(l) DONATED ITEMS	_____	_____	_____	0
TOTAL EXPENSES =	0	0	0	0
III. NONEXPENDABLE PROPERTY				
(a) EQUIPMENT	_____	_____	_____	0
(b) PROPERTY	_____	_____	_____	0
TOTAL NONEXPENDABLE PROPERTY =	0	0	0	0
IV. COMPUTER HARDWARE, SOFTWARE, & SERVICES				
TOTAL COMPUTER EXPENSES =	0	0	0	0
V. ADMINISTRATION				
GRAND TOTAL =	0	0	0	0
AMOUNT OF FUNDS REQUESTED			\$ -	
AMOUNT OF ADVANCED FUNDS RECOUPED			\$	

ELECTRONIC SUBMISSION OF THIS INVOICE CERTIFIES THAT THE ABOVE 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 CONTRACTED PROGRAM. THE NETWORK SERVICE PROVIDER SHALL SUBMIT THE EXHIBIT P - COST REIMBURSEMENT REPORT - PART 1 AND PART 2 WHICH WILL OUTLINE EXPENSES INCURRED. THIS REPORT SHALL BE SUBMITTED ON OR BEFORE THE 8TH OF THE MONTH FOLLOWING THE MONTH FOR WHICH PAYMENT IS BEING REQUESTED ALONG WITH ALL SUBSTANTIATING DOCUMENTATION AND/OR RECEIPTS.