

Arizona Department of Health Services
 Accounting/Contracts
 1740 W. Adams Street
 Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____ P.O. # _____
 2. Contractor Name _____
 3. Title of Program _____
 4. Reporting Period Covered: From _____ To _____

4A. Cost Reimbursement - Cumulative Actual Expenditures
 Fixed Price
4B. Periodic Report
 FINAL REPORT

Invoice # _____

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)	
A. Account Classification:						
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -	
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -	
Travel Expenses		\$ -	\$ -	\$ -	\$ -	
Other Operating Expense		\$ -	\$ -	\$ -	\$ -	
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -	
Other		\$ -	\$ -	\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	

6. FIXED PRICE	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)	Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)	Total Year to Date Funds Earned (5)
A. Type of Unit:					
TOTAL					

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY			
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____			
	Adj (if required): _____			
	Less: Year to date payments _____			
	Adj (if required): _____			
	Net payment due: _____			
	Index	PCA	AY	Amount
PROGRAM COORDINATOR SIGNATURE/DATE	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

7. CONTRACTOR CERTIFICATION
 I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

 AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE

Contractor's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From _____ To _____
 - A. Check appropriate box:
 - Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
 - Fixed Price – reimbursement type contract.
 - B. Check appropriate box.
5. Detailed statement of expenditures (Cost Reimbursement)
 - ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
 - ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
 - ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
 - ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).
6. Detailed Statement of Fixed Price Contracts
 - A. Type of Unit – From unit description/deliverable on price sheet.
 - ITEM 1. Rate per Unit from contract price sheet.
 - ITEM 2. Number of Units Provided for the current Reporting Period.
 - ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
 - ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
 - ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.
7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

For Processing, mail or forward to: the Arizona Department of Health Services, Accounting office, 1740 W. Adams, Phoenix, Arizona 85007.