

**1. FACILITY :** \_\_\_\_\_ **2. PERIOD : FROM :** \_\_\_\_\_ **TO :** \_\_\_\_\_

**3. PROGRAM :** \_\_\_\_\_ **4. COST CENTER :** \_\_\_\_\_

**5. PROGRAM ALLOCATION:** \_\_\_\_\_ **6: ALLOCATION BALANCE:** \_\_\_\_\_

	CURRENT	ADJUSTMENT	TOTAL	YEAR-TO-DATE
<b>A. PERSONNEL SERVICES</b>				
1. WAGES AND SALARIES				
2. EMPLOYEE BENEFITS				
3. MISCELLANEOUS PERSONNEL				
<b>B. OPERATING EXPENSES</b>				
1. OCCUPANCY				
2. COMMUNICATIONS				
3. ADMINISTRATIVE SUPPLIES				
4. TREATMENT AND SUPPORTIVE SUPPLIES				
5. TRANSPORTATION				
6. PURCHASED TREATMENT SERVICES				
7. MISCELLANEOUS OPERATING EXPENSES				
<b>C. EQUIPMENT AND OTHER FIXED ASSETS</b>				
1. PURCHASE OF FIXED ASSETS				
2. REPAIRS & IMPROVEMENT OF FIXED ASSETS				
<b>D. TOTAL EXPENDITURES</b>				
<b>E. FUNDING OF INELIGIBLE COSTS</b>				
1. INELIGIBLE FOR REIMBURSEMENT				
2. OVER ALLOCATION				
<b>F. REVENUE</b>				
1. PROGRAM SERVICE FEES (FAMILY LIABILITY)				
2. PRIVATE INSURANCE				
3. MEDICAL ASSISTANCE				
4. ROOM AND BOARD				
5. INTEREST				
6. OTHER (SPECIFY)				
<b>G. TOTAL REVENUE</b>				
<b>H. ADVANCE DEDUCTION</b>				

**I. TOTAL REIMBURSEMENT (D-E1-E2-G-H)** \_\_\_\_\_

<b>FEE-FOR-SERVICE</b>	
1. RATE(S)	1. VENDOR NUMBER :
2. NUMBER OF UNITS	2. ACCUFUND CODE:
3. UNITS TO-DATE	3. TRANSMITTAL NO. :                      4. DATE
4. DEFINITION OF UNITS	5. COUNTY ACC'T CODE:
	6. DESCRIPTION :
	7. CONTRACT RESOLUTION NO.:
	8. APPROVAL