

**ELIGIBILITY EXPENDITURE REPORT
FISCAL YEAR 20__-20__**

COUNTY: _____

INSTRUCTIONS:

This report is to be completed and sent to the County Medical Services Program (CMSP) Governing Board each quarter when the County submits its County Expenditure Claims (CEC) to the California Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information on line 217 of schedule DFA 325.1B (Direct Cost Schedule) should match the amount claimed on this report. **This report is due each quarter 15 days following submission of the CEC.**

Fax to:

CMSP Governing Board
Attention: Data Section
FAX: (916) 649-2606
Phone: (916) 649-2631

—OR—

Mail to:

CMSP Governing Board
Attention: Data Section
1451 River Park Drive, Suite 222
Sacramento, CA 95815

FIRST QUARTER

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

SECOND QUARTER

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

THIRD QUARTER

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

FOURTH QUARTER

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the California Department of Social Services on regular and supplemental (adjusted) County Expenditure Claims.

Signature of person completing report	Title	Telephone number	Date
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