

**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 State 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 schedules DFA 327.4C and DFA 327.5C 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  
1545 River Park Drive Suite 435  
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 State 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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