

Invoice from: Child & Family Resources, Inc.
2800 E. Broadway, Tucson, AZ 85716

Sub-contract #: 16-46-HEA-02
Sub-contract under MIECHV ADHS14-053682
Sub-Contract Period: April 1, 2016 to September 30, 2016

MONTHLY REPORT OF EXPENDITURES

Report Number: _____

Reporting Period: _____

Forward claim to:

Cochise Health & Social Services
Attention: Judith Gilligan
1415 Melody Lane, Bldg A
Bisbee, AZ 85603

Budget Categories	Approved Budget	Prior Period Year to Date	Current Period Expenses	Year to Date Expenses	Remaining Balance
Personnel/Salaries	\$5,495.00	\$0.00	\$0.00	\$0.00	\$5,495.00
Fringe Benefit	\$2,355.00	\$0.00	\$0.00	\$0.00	\$2,355.00
Professional		\$0.00	\$0.00	\$0.00	\$0.00
Travel		\$0.00	\$0.00	\$0.00	\$0.00
Occupancy		\$0.00	\$0.00	\$0.00	\$0.00
Other Operating		\$0.00	\$0.00	\$0.00	\$0.00
Capital Outlay		\$0.00	\$0.00	\$0.00	\$0.00
Subtotal	\$7,850.00	\$0.00	\$0.00	\$0.00	\$7,850.00
Indirect Costs		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$7,850.00	\$0.00	\$0.00	\$0.00	\$7,850.00

Not to exceed: \$7,850.00

Sub-contractor Certification: I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures are valid, based upon our office accounting records (books of account) and are consistent with the terms of the contract.

Authorized Signature _____ Date _____

CHSS Use Only	
Vendor ID:	_____

Amount Approved:	\$ _____