

**COUNTY MEDICAL SERVICES PROGRAM  
ELIGIBILITY EXPENDITURE REPORT  
FISCAL YEAR:**

Quarter:

**INSTRUCTIONS :**

**County:**

This report is to be completed and sent to CMSP each quarter when the county submits its County Expenditure Claims 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 for program code 217 on the DFA 327. (Staff Development Costs) and DFA 327.5 (Welfare Program Costs) should match the amount claimed on this report. This report is due each quarter 15 days following submission of the CEC and may be faxed to: CMSP Governing Board, Attention Data Section, fax # (916) 649-2606 or mailed to:

CMSP Governing Board  
Attention: Data Section  
1545 River Park Drive Suite 435  
Sacramento CA 95816

<b>Original Quarter:</b>	<b>AMOUNT CLAIMED:</b>	Staff Development
		Welfare Programs
		Total Costs

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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 (adjustment) County Expense Claims.

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Signature /title of person completing report

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Telephone number

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Date