

**COUNTY MEDICAL SERVICES PROGRAM
Eligibility Expenditure Report**

CMSP Certification Instructions:

This report is to be completed and sent to the CMSP Governing Board each quarter when the county submits its administrative claim in the County Expense Claims Reporting Information System (CECRIS) 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 for Program Code 0217 on the DFA 327.4 (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 administrative claim in CECRIS** and may be faxed to CMSP Governing Board, Attention Data Section at (916) 649-2606 or mailed to:

CMSP Governing Board
Attention: Data Section
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Please fill out the following information

Fiscal Year:

Quarter:

County:

Prior To Audit:

Total Cost:

Date:

Original Quarter:

Amount Claimed:

Staff Development:

Welfare Program:

Signature

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 (adjustment) administrative claims in the County Expense Claims Reporting Information System.

Approvers Name:

Title:

Approver's Signature:

Date: