

Contractor's Expenditure Report Instructions

This is a multi-purpose form for use by agencies that have a contract with the Arizona Health Care Cost Containment System (AHCCCS). It should be filled out, signed by an authorized person and submitted to AHCCCS no later than the fifteenth (15th) day of the month following the expenditure period or in accordance with the contract.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From _____ to _____
 - A. Check appropriate box:
 - Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
 - Fixed Price – reimbursement type contract.
 - B. Check appropriate box.
5. Detailed statement of expenditures (Cost Reimbursement)

ITEM a.	Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
ITEM b.	Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
ITEM c.	Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
ITEM d.	Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).

6. Detailed Statement of Fixed Price Contracts

A.	Type of Unit – From unit description/deliverable on price sheet.
ITEM 1.	Rate per Unit from contract price sheet.
ITEM 2.	Number of Units Provided for the current Reporting Period.
ITEM 3.	Item (1) times Item (2) = Total Funds Earned this Reporting Period.
ITEM 4.	Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
ITEM 5.	Item (3) plus Item (4) = Total Year to Date Funds Earned.

7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to ensure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the authorized representative must sign and date the report.

For Processing, send by E-mail to:
Or to

BHSInvoices@azahcccs.gov
AHCCCS Accounts Payable, MD5400
701 E. Jefferson
Phoenix, Arizona 85034

AHCCCS

Division of Business & Finance
 Accounts Payable, MD5400
 701 East Jefferson
 Phoenix, Arizona 85034
 Email: BHSInvoices@azahcccs.gov

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____
 2. Contractor Name _____
 3. Title of Program _____
 4. Reporting Period _____

4A. Cost Reimbursement

Fixed Price

4B. Periodic Report

FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures)	Approved Budget (a)	Prior Report Period Date Expenditures (b)	Year to Date Expenditures (c)	Total Year to Date Expenditures (d)
A. Account Classification:				
Personnel Services	\$ -	\$ -	\$ -	\$ -
ERE				
Professional and Outside Services	\$ -	\$ -	\$ -	\$ -
Travel Expenses	\$ -	\$ -	\$ -	\$ -
Occupancy Expense	\$ -	\$ -	\$ -	\$ -
Other Operating Expense	\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense	\$ -	\$ -	\$ -	\$ -
Indirect	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -
6. FIXED PRICE		Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)	Total Year to Date Funds Earned (5)
A. Type of Unit:	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)		
	\$ -		\$ -	\$ -
	\$ -		\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

AHCCCS USE ONLY

AHCCCS PROGRAM COORDINATOR CERTIFICATION

Performance satisfactory for payment
 Performance unsatisfactory, withhold payment
 No payment due

PROGRAM COORDINATOR SIGNATURE/DATE _____
 AHCCCS AUTHORIZED SIGNATURE/DATE _____

THIS SECTION FOR AHCCCS ACCOUNTING USE ONLY

Total Expenditures or total Fixed Price _____
 Adj (if required): _____
 Less: Year to date payments _____
 Adj (if required): _____
 Net payment due: _____

FUNCTION _____ PHASE _____ OBJ _____ AMOUNT _____

7. CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by AHCCCS based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE _____

Preparer's Name and Phone # _____