

CERTIFIED PUBLIC EXPENDITURES STATEMENT

County: _____

Reported Month: _____

Actual Expenditures for:

County Attorney Clerk of Superior Court Access & Visitation Family Law Commissioner

Name of Person Preparing this Report: _____ Date: _____ Phone No.: _____

	EXPENDITURE
1. Personal Services (<i>Number of FTE</i> _____)	\$
2. Employee-Related Expenses (ERE) (<i>FICA, Unemployment Insurance, Workers' Compensation, Retirement, Health, Life and Accident Insurance</i>)	\$
3. Professional and Outside Services (<i>Specify</i>) _____	\$
4. Travel A. Mileage Rate _____ X _____ Miles = \$ _____ B. Per Diem and Other \$ _____	\$
5. Space (<i>Sum of 5A, 5B, and 5C</i>) A. Rent \$ _____ B. Utilities \$ _____ C. Use Allowance \$ _____	\$
6. Equipment, Maintenance/Repair, Non-ADP	\$
7. Materials and Supplies (<i>Sum of 7A, 7B, 7C, and 7D</i>) A. Supplies \$ _____ B. Postage \$ _____ C. Printing \$ _____ D. Photocopying \$ _____	\$
8. Operating Expenses (<i>Sum of 8A, 8B, 8C, 8D, and 8E</i>) A. Telephone \$ _____ B. Insurance/Bonding \$ _____ C. Other (<i>specify</i>) _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ D. Membership Dues \$ _____ Name: _____ E. Subscriptions \$ _____ Name: _____	\$
9. Indirect Costs (<i>Enter the budgeted rate and the dollar amount of the base to which this rate is applied</i>) Rate: _____ % x Base: _____	\$
10. Total Expenditures	\$
*11. Less Disallowance per _____	\$
*12. ALLOWABLE EXPENDITURES (<i>Lines *11 AND 12 to be completed only by DCSS. If completed, line 12 is basis for line 14</i>)	\$
13. TOTAL CREDITS (<i>Sum of all fees collected</i>) Handling Fees \$ _____ Lab Fees \$ _____ Other (<i>Specify</i>) 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____	\$
14. NET EXPENDITURES (<i>Allowable Expenditures minus Total Credits</i>)	\$
15. Reimbursement Rate, According to Contract (<i>Multiply</i>)	X _____ %
16. TOTAL REIMBURSEMENT AMOUNT DUE	\$

CERTIFICATION: I certify, under penalties of perjury, that this Certified Public Expenditures Statement per 45 CFR 304.30 (a)(2)(ii) has been examined by me and, to the best of my knowledge and belief, it is a true, correct and valid claim against the State of Arizona, and payment has not been received.

Authorized Signature: _____ Title: _____ Date: _____

Issue Warrant Payable to: _____ Balance of Qtrly Incentive Funds \$ _____

Mailing Address (No., Street or P.O. Box No., City, State, ZIP Code): _____

See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1