

Multnomah County Department of County Human Services

EXHIBIT 6A – Monthly Cost Reimbursement Expenditure Report Form

For Period from ____/____/____ to ____/____/____

Contractor: _____
 Address: _____
 City, State, Zip: _____
 Phone # _____
 E-Mail Address _____
 Project Name _____

Contract # _____
 RO #: _____
 (If Applicable)
 Invoice # _____

						Multnomah Use Only	
Account #	Cost Category	Approved Budget	Reimbursement Requested	YTD Requested	Available Balance	Additions (Deletions)	Reason for adjustment
	PERSONNEL						
	1. Salaries & Wages						
	2. Overtime						
	3. Fringe						
	4. PERSONNEL OTHER:						
	SUBTOTAL PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	MATERIAL and SERVICES						
	5. Pass Through						
	6. Professional Services						
	7. Direct Client Assistance						
	8. Utilities						
	9. Telephone						
	10. Equipment Rental						
	11. Space Rent						
	12. Supplies						
	13. OTHER: Direct Pay						
	14. OTHER:						
	15. OTHER:						
	16. OTHER:						
	17. Sub Total, Materials & Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	18. TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	INDIRECT FUNDS						
	19. Administration						

I understand that all expenditures reported are subject to audit and that all expenditures must be program related and allowable according to applicable cost principles and regulations. I certify that I am an authorized representative of the above organization and that this statement of expenditures is accurate and true, to the best of my knowledge.

Date: ____/____/____ Contact Person: _____ E-Mail _____

Title: _____ Phone #: _____

Signature: _____ Date: _____

Manager Signature: _____ Date: _____

DCHS ONLY
WBS
Date put into SAP
Employee Initials