

**OREGON HEALTH AUTHORITY**  
**PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT**  
 EMAIL TO: OHA-PHD.Expend&RevReport@state.or.us

Agency: [Enter your agency name] \_\_\_\_\_

Program: [Enter the Program Element Number and Title] \_\_\_\_\_

Fiscal Year: July 1, [start year] to June 30, [end year] \_\_\_\_\_

BREAKDOWN BY FISCAL YEAR QUARTER															
REVENUE		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date					
		Non-OHA/PHD Revenue	LPHD Revenue	Non-OHA/PHD Revenue	LPHD Revenue	Non-OHA/PHD Revenue	LPHD Revenue	Non-OHA/PHD Revenue	LPHD Revenue	Non-OHA/PHD Revenue	LPHD Revenue				
<b>A. PROGRAM INCOME/REVENUE</b>															
1.	Revenue from Fees	-----		-----		-----		-----		-----	\$ -				
2.	Donations	-----		-----		-----		-----		-----	\$ -				
3.	3rd Party Insurance	-----		-----		-----		-----		-----	\$ -				
4.	Other Program Revenue	-----		-----		-----		-----		-----	\$ -				
	<b>TOTAL PROGRAM INCOME</b>	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -				
5.	Other Local Funds (Identify)		-----		-----		-----		-----	\$ -	-----				
	5a.		-----		-----		-----		-----	\$ -	-----				
	5b.		-----		-----		-----		-----	\$ -	-----				
6.	Medicaid/OHP/Ccare		-----		-----		-----		-----	\$ -	-----				
7.	Volunteer and In-Kind (estimate value)		-----		-----		-----		-----	\$ -	-----				
8.	Other (Specify)		-----		-----		-----		-----	\$ -	-----				
9.	Other (Specify)		-----		-----		-----		-----	\$ -	-----				
10.	Other (Specify)		-----		-----		-----		-----	\$ -	-----				
	<b>TOTAL REVENUE</b>	\$ -		\$ -		\$ -		\$ -		\$ -					
EXPENDITURES		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date					
		Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures				
<b>B. EXPENDITURES</b>															
1.	Personal Services (Salaries and Benefits)									\$ -	\$ -				
2.	Services and Supplies (Total)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
	2a. Professional Services/Contracts									\$ -	\$ -				
	2b. Travel & Training									\$ -	\$ -				
	2c. General Supplies									\$ -	\$ -				
	2d. Medical Supplies									\$ -	\$ -				
	2e. Other (enter type & amount in 'Other S&S' tab)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
3.	Capital Outlay									\$ -	\$ -				
4.	Indirect Cost (\$)									\$ -	\$ -				
	4a. Indirect Rate ( ____ %)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----				
	<b>TOTAL EXPENDITURES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
	<b>Less Total Program Income</b>	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -				
	<b>TOTAL REIMBURSABLE EXPENDITURES</b>	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -				
WIC PROGRAM ONLY: Enter the Public Health Division Expenditures breakdown in the following categories for each quarter.															
C. CATEGORY		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date					
1.	Client Services									\$ -					
2.	Nutrition Education									\$ -					
3.	Breastfeeding Promotion									\$ -					
4.	General Administration									\$ -					
	<b>TOTAL WIC PROGRAM</b>	\$ -		\$ -		\$ -		\$ -		\$ -					
<b>D. CERTIFICATE</b>															
I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)															
PREPARED BY _____				PHONE _____				AUTHORIZED AGENT SIGNATURE _____				DATE _____			

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BREAKDOWN BY FISCAL YEAR QUARTER											
OTHER SERVICES & SUPPLIES EXPENDITURES		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
2e.	OTHER SERVICES & SUPPLIES***	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	<b>TOTAL OTHER S&amp;S EXPENDITURES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -