

**Clinical Laboratory Improvement Amendments Program**

**Budget/Expenditure Report**

According to Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0599. The time required to complete this information collection is estimated to average 8 to 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

<b>Agency:</b> Colorado Department of Public Health & Environment	<b>Region/State Code:</b> 8 / Colorado	<b>Budget Period: FY 2004</b> From: 10/1/2003 To: 12/31/2003	<b>FY Quarter:</b> 1/2004
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|---|--|
| <input type="checkbox"/> (1) CLIA State Budget Request                    | <input checked="" type="checkbox"/> (5) CLIA Cumulative Quarterly Expenditures |
| <input type="checkbox"/> (2) CLIA RO Budget Approval                      | <input type="checkbox"/> (6) CLIA Supplemental                                 |
| <input checked="" type="checkbox"/> (3) CLIA State Quarterly Expenditures | <input type="checkbox"/> (7) Other (Explain)                                   |
| <input type="checkbox"/> (4) CLIA RO Approved Quarterly Expenditures      |  |

**CLIA**

Cost Centers	Staff Years	Amount	Cumulative Expenditures
	(A)	(B)	(C)
<b>Salaries</b>			
1A Surveyor/Professional	0.00	0.00	0.00
1B Non-Surveyor/Professional	0.00	0.00	0.00
1C Supervisor	0.00	0.00	0.00
2 Clerical	0.00	0.00	0.00
3 Total Salaries	0.00	0.00	0.00

**Other Direct Cost**

4 Rate %			
5 Ret/Fringe Benefits		0.00	0.00
6 Travel		0.00	0.00
7 Communications		0.00	0.00
8 Supplies		0.00	0.00
9 Office Space		0.00	0.00
10 Equipment Purchases		0.00	0.00
11 Training		0.00	0.00
12 Consultants		0.00	0.00
13 Subcontracts		0.00	0.00
14 Miscellaneous		0.00	0.00
14A		0.00	0.00
14B		0.00	0.00
14C		0.00	0.00
14D		0.00	0.00
14E		0.00	0.00
14F		0.00	0.00
14G		0.00	0.00
15 Total Other Direct Costs		0.00	0.00
16 Total Direct Costs		0.00	0.00
17 Rate % 0			
18 Indirect Costs		0.00	0.00
19 Total Costs		0.00	0.00
20 Unliquidated Obligation		0.00	0.00

**Hourly Rate**

Total Cost	Total Staff Years	Hrs. Per Staff Yrs.	Hourly Rate
0.00	0.00	1.00	0.00

Date:	Signature:	Title:
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