

**Quarterly Children's Health Insurance Program
Statement of Expenditures for Title XXI
Summary Sheet**

State:

Quarter Ended:

Expenditures Reported for Period		Title XXI Expenditures	
		Total Computable	Federal Share
		(A)	(B)
1	Expenditures In This Quarter (Form CMS 21 Base)		
2	Adjustments Increasing Claims For Prior Quarters (Form CMS 21P)		
3	Adjustments Decreasing Claims For Prior Quarters (Form CMS 21P)		
4	Adjustments/Decreasing Claims - Perm (Form CMS 21Perm)		
5	Adjustments - Decreasing Claims - Overpayments		
6	Net Expenditures Reported In This Period		

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. This report only includes expenditures under the Children's Health Insurance Program (CHIP) under Title XXI of the Act that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the Children Health Plan approved by the Secretary and in effect in the Quarter Ended indicated above under Title XXI of the Act.
3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.
4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. Federal matching funds are not being claimed on this report to match any expenditure under any Children Health Plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.
6. The information shown above and on the Form CMS-21 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date:	Signature:	Title:
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User Performing Certification:

Footnotes:

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.