

**Clinical Laboratory Improvement Amendments Program
Budget/Expenditure Report**

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Agency: Colorado Department of Public Health & Environment	Region/State Code: 8 / Colorado	Budget Period: FY 2004 From: 10/1/2003 To: 12/31/2003	FY Quarter: 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)

Salaries			
1A	Surveyor/Professional	0.00	0.00
1B	Non-Surveyor/Professional	0.00	0.00
1C	Supervisor	0.00	0.00
2	Clerical	0.00	0.00
3	Total Salaries	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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