

Clinical Laboratory Improvement Amendments Program Budget/Expenditure Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This is a voluntary, non-confidential information collection designed to capture and record all budget and expenditure data. The valid OMB control number for this information collection is 0938-0599. The review of the information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the information, and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to this office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be retained.

Agency:	Location/State Code:	Budget Period: From:	FY Quarter:
----------------	-----------------------------	--------------------------------	--------------------

<input type="checkbox"/> (1) State Budget Request <input type="checkbox"/> (2) LO Budget Approval <input type="checkbox"/> (3) State Quarterly Expenditures <input type="checkbox"/> (4) LO Approved Quarterly Expenditures	<input type="checkbox"/> (5) Cumulative Expenditures <input type="checkbox"/> (6) Supplemental <input type="checkbox"/> (7) Other (Explain)0
--	--

CLIA

Cost Centers	Staff Years	Amount	Cumulative Expenditures
	(A)	(B)	(C)

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

Other Direct Cost			
4) Rate %			
5) Ret/Fringe Benefits			
6) Travel			
7) Communications			
8) Supplies			
9) Office Space			
10) Equipment Purchases			
11) Training			
12) Consultants			
13) Subcontracts			
14) Miscellaneous			
14A) Repairs			
14B) Rentals			
14C)			
14D)			
14E)			
14F)			
14G)			
15) Total Other Direct Costs			
16) Total Direct Costs			
17) Rate %			

Indirect Costs Calculation:			
18) Indirect Costs			
19) Total Costs			

Clinical Laboratory Improvement Amendments Program Budget/Expenditure Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This is a voluntary, non-confidential information collection designed to capture and record all budget and expenditure data. The valid OMB control number for this information collection is 0938-0599. The information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the information, review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Security Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to this office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be processed.

Agency:	Location/State Code:	Budget Period: From:	FY Quarter:
<input type="checkbox"/> (1) State Budget Request <input type="checkbox"/> (2) LO Budget Approval <input type="checkbox"/> (3) State Quarterly Expenditures <input type="checkbox"/> (4) LO Approved Quarterly Expenditures		<input type="checkbox"/> (5) Cumulative Expenditures <input type="checkbox"/> (6) Supplemental <input type="checkbox"/> (7) Other (Explain)	
CLIA			
Cost Centers	Staff Years	Amount	Cumulative Expenditures
	(A)	(B)	(C)
Salaries			
20) Unliquidated Obligation			
Hourly Rate			
Total Cost	Total Staff Years	Hrs. Per Staff Yrs.	Hourly Rate
Date:	Signature:	Title:	