

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Support Enforcement Contract Administrator, 019A
PO Box 40458 • Phoenix, Arizona 85067

COUNTY

REPORTED MONTH

CERTIFIED PUBLIC EXPENDITURES STATEMENT

ACTUAL EXPENDITURES FOR

☐ County Attorney ☐ Clerk of Superior Court ☐ Sheriff ☐ Family Law Commissioner

PERSON'S NAME PREPARING THIS REPORT		DATE	PHONE NO.		EXPENDITURE
1. Personal Services (<i>Number of FTE</i> _____)					\$
2. Employee-Related Expenses (ERE) (<i>FICA, Unemployment Insurance, Workers' Compensation, Retirement, Health, Life & Accident Insurance</i>)					\$
3. Professional and Outside Services (<i>Specify</i>)					\$
4. Travel	Number of		B. Per Diem and Other		\$
A. Mileage Rate	Miles	\$		\$	
5. Space (<i>Sum of 5A, %B, and 5C</i>)					
A. Rent \$	B. Utilities \$		C. Use Allowance \$		\$
6. Equipment (<i>Sum of 6A, 6B, and 6C</i>)					
A. Maintenance/Repair, Non-ADP \$					
B. From CS-016-A, line 5 \$					
C. From CS-016-B, line 6 \$					\$
7. Materials and Supplies (<i>Sum of 7A, 7B, 7C, and 7D</i>)					
A. Supplies \$	B. Postage \$	C. Printing \$	D. Photocopying \$		\$
8. Operating Expenses (<i>Sum of 8A, 8B, 8C, 8D, and 8E</i>)					
A. Telephone \$					
D. Membership Dues \$					
B. Insurance/Bonding \$					
Name:					
C. Other (Specify)					
E. Subscriptions \$					
\$	\$	\$	Name		\$
9. Indirect Costs (<i>Enter the budgeted rate and the dollar amount of the base to which this rate is applied</i>)					
Rate: % Base:					\$
10. Total Expenditures					\$
*11. Less Disallowance Per					\$
*12. ALLOWABLE EXPENDITURES (<i>*11 AND 12 to be completed only by DCSE. If completed, line 12 is basis for line 14 below and for line 1 of the CS-105-D</i>)					\$
13. TOTAL CREDITS (<i>Sum of all fees collected</i>)					
Other (<i>Specify</i>)					
Handling Fees \$	1.		\$		
	2.		\$		
Lab Fees \$	3.		\$		\$
14. NET EXPENDITURES (<i>Allowable Expenditures minus Total Credits</i>)					\$
15. Reimbursement Rate, According to Contract (<i>Multiply</i>)					X %
16. TOTAL REIMBURSEMENT AMOUNT DUE					\$
CERTIFICATION: I certify, under penalties of perjury, that this Certified Public Expenditures Statement 45 CFR 304.30 (a)(2)(ii) has been examined by me and, to the best of my knowledge and belief, it is a true, correct and valid claim against the State of Arizona, and payment has not been received.					
AUTHORIZED SIGNATURE		TITLE		DATE	
ISSUE WARRANT PAYABLE TO					
MAILING ADDRESS (<i>No., Street or PO Box No., City, State, ZIP</i>)					

See next page for EOE/ADA disclosure

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