

FLEX FUND MONTHLY EXPENDITURE REPORT BEHAVIORAL HEALTH SERVICES					
Report Month:			IMPORTANT!!! ALL FLEX FUND EXPENDITURES SHALL COMPLY WITH THE BHS FLEX FUND USAGE POLICY. Please submit this report as part of your monthly cost reimbursement claim. Flex funds will not be reimbursed without this report.		
Date Submitted/Invoice #:					
Contract #/Prog. Type:					
Agency & Program Name:					
Program Manager/Phone:					
Do not enter client name or any other personal identifying information on this form					Report Version: 1
Date of Expenditure	Description of Expense (include Client Initials)	Relationship of Expenditure to Client Service Plan	Amount Expended	Flex Fund Balance	Date of COTR Approval (If amount exceeds limits in policy)- Attach Approval
	MONTH BEGINNING BALANCE			\$ 123,456.78	
1	Total Amount of Transactions below \$20/transaction	Number of transactions _____.			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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16					
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28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
TOTAL			\$ -	\$ 123,456.78	