

N.C. Department of Health and Human Services
Division of Public Health
Chronic Disease & Injury/Cancer Prevention: NC BCCCP

Local Health Department Monthly Expenditure Report

Mo/Yr of expenditure

LHD Legal Name

NC BCCCP Navigator

Screening, diagnostic and follow-up services for breast and cervical cancer on the behalf of BCCCP eligible women.

Purpose

\$0.00
Total Expenditure

Item Description	Number of Women Served	Rate	
Client Services			
Breast and Cervical Services-Federal		\$325.00	\$0.00
Breast and Cervical Services-State		\$325.00	\$0.00
Patient Navigation-Only Services to Apply for BCCM-Federal		\$25.00	\$0.00
Subtotal			\$0.00
	NC BCCCP Federal \$		
	NC BCCCP State \$		

I hereby certify that the funds requested on the above expenditure report were to the best of my knowledge for women served according to the provisions in the current fiscal year Agreement Addendum. It is also my understanding that this form be completed and faxed before funding is requested from Aid to County, and that required data to support this service and expense will be entered in HIS or compatible data system.

Printed Name & Title of NC BCCCP Navigator

Signature

Date

Printed Name & Title of Authorized Finance Officer/ ATC Administrator

Signature

Date