

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

Local Health Department Monthly Expenditure Report

Month and Year of Expenditure _____

LHD Legal Name _____

NC BCCCP Navigator _____

Breast and cervical cancer screening, diagnostic, follow-up, and patient navigation-only (PN-only) services for BCCCP-eligible women.
 Purpose _____

\$0.00
 Total Expenditure

Item Description	# of Women Served	Rate	Totals
Client Services			
Breast and Cervical Cancer Screening and Diagnostics Services (June Only State Funds)		\$325.00	\$0.00
Breast and Cervical Screening and Diagnostic Services (Dual Funding)		\$325.00	\$0.00
Breast and Cervical - PN Only to Assist with BCCM Application (state funds)		\$50.00	\$0.00
Subtotal			\$0.00
	Federal (D7 3100)	\$ -	
	State (5599)	\$ -	
	PN-Only (2nd 5599)	\$ -	

****For illustrative purposes only - access current version on Smartsheet Dashboard: <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>**

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 uploaded to Smartsheet before funding is requested in Aid to County. Data to support services provided and reimbursement requested will be entered and transmitted to NC BCCCP via the state-appointed data collection system.

Printed Name & Title NC BCCCP Navigator _____

Signature _____

Date _____

Printed Name & Title Authorized Finance Officer/ ATC Administrator _____

Signature _____

Date _____

Upload to Smartsheet prior to Aid-to-County drawdown.