

**Contract Expenditure Report**

\_\_\_\_\_  
 mo/yr of expenditure

\_\_\_\_\_  
 Contract ID #:

\_\_\_\_\_  
 Contractor

\_\_\_\_\_  
 NCAS #:

\_\_\_\_\_  
 Project Director

**\$0.00**

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

**Total Expenditure**

**Purpose**

**Contractor match is REQUIRED by this contract:**

	X
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(Place an "X" in the appropriate box.)

Item Description	Number of Women served	Rate	DHHS Amount
<b>Client Services</b>			
Breast and Cervical screening and diagnostic services		\$325.00	\$0.00
Patient Navigation-Only Services for BCCM Application		\$50.00	\$0.00
<b>Subtotal:</b>			\$0.00
<b>THIS SECTION FOR DPH USE ONLY:</b>			
<b>Company 2B01</b>			
	<b>BCCCP Federal \$</b>	\$ -	
	<b>BCCCP State \$</b>	\$ -	
	<b>PN funding State \$</b>	\$ -	
<b>Account</b>	<b>Center</b>		
<u>536C02</u>	<u>1320-3100-D7</u>		
<u>536C02</u>	<u>1320-5599-00</u>		
<u>536C02</u>	<u>1320-3355-04</u>		

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

\_\_\_\_\_  
 Authorized Contractor Printed Name & Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Mail to: Appropriate Division Contract Administrator**

\_\_\_\_\_  
 DHHS-DPH Contract Administrator Signature & Date

\_\_\_\_\_  
 DHHS-DPH Branch Head Signature & Date

\_\_\_\_\_  
 DHHS-DPH Contract Administrator Printed Name

\_\_\_\_\_  
 DHHS-DPH Branch Head Printed Name

## **INSTRUCTIONS:**

On the CER template, add the month of your CER in the upper left corner. In cell **B20** you would put the number targets you have screened, and in cell **B21**, , your Patient Navigation Only targets. Formulas have been added to automatically add amounts and totals. Print and scan your CER, or PDF it & have it signed by an authorized signa attach it along with your tracking spreadsheet. Until further notice, email your original to: **tammie.hobby@dhhs.nc.gov**.

Once we return to normal operations, mail originals to the following:

### **Tammie Hobby**

Cancer Prevention & Control - BCCCP  
5505 Six Forks Road, 1st Flr, RM B26  
Raleigh, NC 27609

### **Note:**

Please destroy all previous versions of the CER template you have for this Program. Sending in your CER on an outdated CER template will result in it not being accepted and returned to you to be sent back on the new template.

The CER and spreadsheet are due by the **10th of each month**.

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