

COUNTY BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA) - INVOICE DETAIL
Cost Worksheet

Local Governmental Agency: County
 Contract Number: Contract Number
 Period of Service: Period of Service

Program: Program Department
 Claiming Unit: Claiming Unit
 Invoice #: 1/0/1900

| SELECTED ITEMS OF COST | Cost Pool #1 | Cost Pool #2 | Cost Pool #3a | Cost Pool #5 | Cost Pool #6 | TOTALS |
|---|--------------|----------------|---------------------|----------------------------------|-------------------------|---------------|
| | SPMP Costs | Non-SPMP Costs | Non-Claimable Costs | Non-SPMP Dir. Charge Other Costs | Allocated/Support Costs | |
| SALARY COSTS | | | | | | TOTALS |
| Wages/Salary: | | | | | | \$0 |
| Benefits: | | | | | | \$0 |
| Personal Services Contracts: | | | | | | \$0 |
| TOTAL Compensation for Personal Services: | \$0 | \$0 | \$0 | | \$0 | \$0 |
| NON-SALARY COSTS | | | | | | TOTALS |
| Advertising and public relations costs | | | | | | \$0 |
| Audit costs and related services | | | | | | \$0 |
| Communication costs | | | | | | \$0 |
| Depreciation and use allowances | | | | | | \$0 |
| Employee morale, health, and welfare costs | | | | | | \$0 |
| Equipment and other capital expenditures | | | | | | \$0 |
| Insurance and indemnification | | | | | | \$0 |
| Maintenance, operations, and repairs | | | | | | \$0 |
| Materials and supplies costs | | | | | | \$0 |
| Meetings and conferences | | | | | | \$0 |
| Memberships, subscriptions, and professional activity costs | | | | | | \$0 |
| Plant and homeland security costs | | | | | | \$0 |
| Professional service costs | | | | | | \$0 |
| Proposal costs | | | | | | \$0 |
| Publication and printing costs | | | | | | \$0 |
| Rental costs of building and equipment | | | | | | \$0 |
| Taxes | | | | | | \$0 |
| Training costs | | | | | | \$0 |
| Travel Costs | | | | | | \$0 |
| Direct Charge Other Cost: | | | | | | |
| Direct Charge Other Cost: | | | | | | |
| Direct Charge Other Cost: | | | | | | |
| Direct Charge Other Cost: | | | | | | |
| Direct Charge Other Cost: | | | | | | |
| Indirect Costs | | | | | | \$0 |
| TOTAL Non-Salary Costs: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

I certify that the costs identified above represent accurate identifiable costs for the program/claiming entity and that the costs have been properly identified and allocated. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief, and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature

Date

Type or Print Name of Signer