

DOCUMENTATION OF FUNDS

ENCLOSURE A

Contractor/Contract No: Kittitas County , 0963-68108 Prepared by: Judy Pless, Budget & Finance Manager
 Date Prepared: _____ Email address: judy.pless@co.kittitas.wa.us
 Contact Person: Judy Pless, Budget Finance Manager Phone No: 509-962-7502

(CHECK ONLY ONE PROGRAM AREA PER ATTACHMENT)

Program Area: XXX Developmental Disabilities Mental Health Children's Administration
 Alcohol & Substance Abuse Aging

Paid to Contractors:	(A) Amout Paid	(B) Date A19 Was <u>SENT</u> to DSHS OR reimbursement was requested (electronically)	(C) Amount of DSHS reimbursement (see NOTE for column below)	(D) Date you received Payment from DSHS
July-11	51,052.16	8/23/2011	51,052.16	11/8/2011
August-11	53,447.91	10/13/2011	53,447.91	11/10/2011
September-11	55,880.16	11/3/2011	55,880.16	12/8/2011
October-11	52,947.16	12/5/2011	52,947.16	3/28/2012
November-11	56,499.91	12/31/2011	56,499.91	3/28/2012
December-11	53,150.66	2/27/2012	53,150.66	3/28/2012
January-12	51,892.66	5/4/2012	51,892.66	6/19/2012
February-12	52,910.16	5/4/2012	52,910.16	6/19/2012
March-12	57,471.16	6/14/2012	57,471.16	6/28/2012
April-12	53,890.66	6/14/2012	53,890.66	6/28/2012
May-12	53,039.66	8/1/2012	53,039.66	11/2/2012
June-12	46,861.11	8/1/2012		
June-12	9,721.75	8/29/2012	56,582.86	11/2/2012
	648,765.12		648,765.12	

INSTRUCTIONS -

Column A: List the amount you paid vendor(s) for providing services in the DSHS program area.
 Column B: List the date you sent the A19 to DSHS or the date that a reimbursement request was made via an electronic system (SSPS).
 Column C: List the amount of the reimbursement request to DSHS. **NOTE: For the Mental Health program, do not include PHP funds received.**
 Column D: List the date you received payment from DSHS.

Note: Column A represents all payments, including Manage Care payments, to providers.