

DOCUMENTATION OF FUNDS

ENCLOSURE A

Contractor/Contract No: Kittitas County / 1163-27314 Prepared by: Judy Pless
 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: _____ Developmental Disabilities _____ Mental Health _____ Children's Administration
 _____ xxx Alcohol & Substance Abuse _____ Aging

Paid to Contractors:	(A) Amount 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	29,225.25	10/3/2011	29,225.25	11/14/2011
August-11	33,640.56	11/3/2011	33,640.56	12/30/2011
September-11	24,684.73	11/23/2011	24,684.73	1/10/2012
October-11	27,926.88	12/19/2011	27,926.88	2/2/2012
November-11	28,579.53	1/24/2012	28,579.53	2/23/2012
December-11	22,514.55	1/24/2012	22,514.55	2/23/2012
January-12	19,694.73	2/27/2012	19,694.73	3/26/2012
February-12	24,016.84	3/26/2012	24,016.84	5/3/2012
March-12	22,154.64	4/17/2012	22,154.64	5/15/2012
Jan-12 sup	130.04	4/17/2012	130.04	5/15/2012
Feb-12 sup	164.64	4/17/2012	164.64	5/15/2012
April-12	22,477.27	5/31/2012	22,477.27	6/28/2012
May-12	26,648.99	6/27/2012	26,648.99	8/6/2012
June-12	23,281.64	7/20/2012	23,281.64	8/24/2012
	305,140.29		305,140.29	

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.