

AGENCY NAME _____

MADISON COUNTY MENTAL HEALTH BOARD
 QUARTERLY EXPENSE REPORT

FOR THE PERIOD _____ THROUGH _____

	AGENCY TOTALS ALL PROGRAMS:		PROGRAM:		PROGRAM:		PROGRAM:	
	TOTAL	708	TOTAL	708	TOTAL	708	TOTAL	708
SALARIES, WAGES, CONSULTANTS AND RELATED EXPENSES								
1. Salaries and Wages								
2. Employee Health & Retirement Benefits								
3. Payroll Taxes								
4. Workers Compensation Insurance								
5. Other Employee Benefits								
6. Program Consultants								
7. Other Consultants								
8. Other (Specify)								
9. Other (Specify)								
10. TOTAL (Lines 1 thru 9)								
CONSUMABLE SUPPLIES								
11. Office Supplies								
12. Medicine and Drugs								
13. Recreation and Crafts								
14. Educational Supplies								
15. Food and Beverages								
16. Kitchen Supplies								
17. Housekeeping Supplies								
18. Laundry Supplies and Linen								
19. Workshop Supplies								
20. Program Support Supplies								
21. Other (Specify)								
22. Total (Lines 11 thru 21)								
OCCUPANCY								
23. Property/Building Insurance								
24. Electricity, Heat, & Other Utilities								
25. Janitorial & Other Maintenance Supplies								
26. Building & Grounds Maintenance Supplies								
27. Equipment Maintenance								
28. Property Taxes								
29. Other (Specify)								
30. Total (Lines 23 thru 29)								

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	AGENCY TOTALS ALL PROGRAMS:		PROGRAM:		PROGRAM:		PROGRAM:	
	TOTAL	708	TOTAL	708	TOTAL	708	TOTAL	708
LOCAL TRANSPORTATION								
31. Vehicle Operating Cost								
32. Other Client Transportation								
33. Other Staff Transportation								
34. Other (Specify)								
35. TOTAL (Lines 31 thru 34)								
SPECIFIC ASSISTANCE TO INDIVIDUALS								
36. Clothing								
37. Allowance								
38. Foster Parent Board Payments								
39. Client Legal Expense								
40. Other (Specify)								
41. TOTAL (Lines 36 thru 40)								
EQUIPMENT AND FIXED ASSET PURCHASES								
42. Agency Vehicles								
43. Office Equipment								
44. Building Equipment and Furnishings								
45. Recreation Equipment								
46. Food Service Equipment								
47. Educational Equipment								
48. Other (Specify)								
49. TOTAL (Lines 42 thru 48)								
LEASE/RENT								
50. Equipment								
51. Automobile Equipment								
52. Building Rent/Lease								
53. Other (Specify)								
54. Other (Specify)								
55. TOTAL (Lines 50 thru 54)								
DEPRECIATION								
56. Equipment								
57. Amortization of Leasehold Improvements								
58. Automobile Equipment								
59. Buildings								
60. Other (Specify)								
61. TOTAL (Lines 56 thru 60)								

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FOR THE PERIOD _____ THROUGH _____

	AGENCY TOTALS ALL PROGRAMS		PROGRAM:		PROGRAM:		PROGRAM:	
	TOTAL	708	TOTAL	708	TOTAL	708	TOTAL	708
INTEREST EXPENSE								
62. Current Operating Interest								
63. Construction Period Interest								
64. Mortgage Interest								
65. Equipment/Installment								
66. TOTAL (Lines 62 thru 65)								
MISCELLANEOUS								
67. Telephone and Internet								
68. Conferences, Conventions, Meetings, Etc.								
69. Subscriptions and Reference Material								
70. Awards and Grants								
71. Postage and Shipping								
72. Outside Printing and Art Work								
73. Membership Dues								
74. Liability/Malpractice Insurance								
75. Moving and Recruiting								
76. Amortization of Org. Pre-operating Expense								
77. Bad Debts								
78. FIA Salaries								
79. Other (Specify)								
80. TOTAL (Lines 67 thru 79)								
81. TOTAL (Lines 10, 22, 30, 35, 41, 49, 55, 61, and 80)								
82. TOTAL INCOME (Line 22, Page 4., 4.1)								
83. INCOME OVER (UNDER) EXPENSES (Line 82 minus Line 81)								

AGENCY NAME: _____

MADISON COUNTY MENTAL HEALTH BOARD
 QUARTERLY REVENUE REPORT

FOR THE PERIOD _____ THROUGH _____

	Program Name:	Program Name:	Program Name:	Program Name:	Program Name:	Program Name:
FEES FOR SERVICE						
1. DHS, DMH/DDD/DASA						
2. Local Education Agency/ISBE						
3. Dept. of Healthcare & Family Services						
a. Medicaid						
b. Title XX						
4. Other (Specify)						
a.						
b.						
c.						
d.						
5. Client/Family Payments						
6. Other Third Party Payments						
7. TOTAL Fees for Service (Lines 1 - 6)						
GRANTS						
8. DHS, DMH/DDD						
9. DASA						
10. Madison County Mental Health Board						
11. Other (Specify)						
a.						
b.						
c.						
d.						
12. TOTAL GRANTS (Lines 8 - 11)						
OTHER SOURCES						
13. Contributions Restricted to Operations						
14. Contributions Restricted to Capital						
15. In-Kind						
16. Contributions - Unrestricted						
17. Investment Income						
18. Sales of Goods and Services						
19. LEA Transportation Payments						
20. Other (Specify)						
a.						
b.						
c.						
21. TOTAL MISC. SOURCES (Lines 13 - 20)						
22. TOTAL INCOME (Lines 7, 12, and 21)						
23. Fee for Service Carryover						