

**Choices for Care Moderate Needs Flexible Funding Monthly Costs (4/1/14)**

**Agency Name:** \_\_\_\_\_

**Reporting Month/Year:** \_\_\_\_\_

**Instructions:** Report should be submitted to the DAIL by the 15th of the following month. Agency will report out items that have been paid during the reporting month. Use only the person's initials when reporting.

<u>Item #</u>	<u>Initials</u>	<u>Brief Description of Item</u>	<u>Vendor Name</u>	<u>Amount</u>
1				
2				
3				
4				
5				
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7				
8				
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10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			Total: \$	-