

**CONTRACTOR NAME**  
**Financial Report For Medical Services: Month/Year**

**Service: Medical Services**

Description	Prison Units					Prison Complex
						ASPC Total
Number of Inmates Served						0
Number of Encounters						0
<b>Financial Expenditures</b>						
Personal Services (Wages/Overtime)						\$ -
Employee Related Expenditures						0.00
Professional and Outside Services						0.00
Travel - In State						0.00
Travel - Out of State						0.00
Other Operating Expenses						0.00
Capital Equipment						0.00
Non-Capital Equipment						0.00
Debt Service						0.00
Cost Allocation and Indirect Costs						0.00
Other - Describe						0.00
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Note: A report for each "service" as identified in the Scope of Work, section 2.1 is required, where applicable.

Note: This form should be modified as needed to accommodate additional Prison Units.

Monthly Report Due Date: 15th day of the month following the reporting period (or the first business day following the 15th).

Annual Report Due Date: 30th day of the second month following the reporting period (or the first business day following the 30th day).

Monthly and Annual Reports are to be submitted to the Department Contract Monitor