## DEPARTMENT OF HEALTH SERVICES

Division of Enterprise Services F-00642 (06/2014)

## COMMUNITY AIDS REPORTING SYSTEM (CARS) EXPENDITURE REPORT

STATE OF WISCONSIN

1-00042 (00/2014)				
	Original Report		Final Report	Office Use Only
INSTRUCTIONS:	Agency Number	Agency Name		Date entered in CARS
1. Report expenses in <b>whole dollar</b> amounts. No formulas.				
	Agency Type	Agency Contact Person		Operator Initials
2. See Contract for current Agency Number and Agency Type.	• • •			
	Report Period (mm/yy)	Agency Contact Phone Number	Agency Contact Email Addres	S
3. Complete one line per profile.				
			CTD (Contract to Date)	_
Profile Name	Profile Number	Current Net Expense	Expense	Comments
Total Reported Expenses				

By emailing your completed report to the Department of Health Services (DHS) to dhs600rcars@wi.gov, you are certifying that the expenditures identified in the report for federal and state reimbursement are true and correct in the amounts stated, have not been reimbursed previously, and represent the actual and necessary costs of administering provisions of the contract.