

For the Month of:							Agency Name:			
							Service:			
FUNDING SOURCE	BUDGET	MONTHLY EXPENSES	EXPENSES YTD	% YTD	PLANNED UNITS	UNITS PROVIDED/YTD	% YTD	PLANNED CLIENTS	CLIENTS SERVED/YTD	% YTD
FEDERAL/STATE ONLY										
Title III C, D, E, IV										
Homecare										
PCAP										
SHIP										
LTC Ombudsman										
Adult Day										
New State Funds										

Monthly County Tax Reimbursement Request

FUNDING SOURCE	BUDGET	MONTHLY EXPENSES	EXPENSES YTD	% YTD	PLANNED UNITS	UNITS PROVIDED MONTHLY/YTD	% YTD	PLANNED CLIENTS	CLIENTS SERVED MONTHLY/YTD	% YTD
Boone Tax										
Campbell Tax										
Kenton Tax										

I certify that the information contained herein is accurate and true to the best of my knowledge.

Signed: _____
Date: _____

Boone County Tax _____
Campbell County Tax _____
Kenton County Tax _____

TOTAL

Boone Tax Cost Per Unit _____ Campbell Tax Cost Per Unit _____ Kenton Tax Cost Per Unit _____

Approved for payment by: _____ Date: _____