

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



CODY L. PHINNEY, MPH
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Management Oversight Team

Management Memorandum 17-005

DATE: May 12, 2017

TO: Subrecipients, Contractors, and State Agencies

FROM: Kyle Devine *KD*

SUBJECT: New Policy and Procedures for Submitting Requests for Reimbursement (RFR)

The Bureau of Behavioral Health Wellness and Prevention (BHWP) is announcing a change in policy and procedures for requesting reimbursement. Effective immediately, RFRs will no longer be submitted through NHIPPS. All RFRs will be submitted via email. Please review the below policy and procedures for specific RFR instructions on how to submit and required documentation that must accompany the submission.

This policy does not affect the procedures for submitting invoices for our fee-for-service subgrants and does not affect submissions of quarterly programmatic reports as required by the Bureau.

Policy and Procedure For the submission of Requests for Reimbursement (RFR)

Effective: May 11, 2017

Policy:

It is the policy of the Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention (BHWP), to review Requests for Reimbursements (RFRs) submitted by subgrantees/subrecipients, herein referred to as “subgrantee,” to receive the reimbursement of costs for work performed by the subgrantee within the terms and conditions of their subgrant and in accordance with to 2 CFR Part 200. This policy and its requirements does not include invoicing submitted in accordance with a fee-for-service agreement, contract, or work order.

Responsibility of the Subgrantee:

It is the responsibility of the subgrantee to ensure their RFRs are compliant with the following policies and guidelines:

- Submit all RFRs electronically via email to the Management Oversight Team (MOT) at MOT_MM@health.NV.GOV
- The email subject line **must** read:
RFR [REPORTING MONTH] HD# [NUMBER] [NAME OF ORGANIZATION]
(Failure to meet the aforementioned requirement may result in a delayed payment.)
- Attach the cover sheet and all supporting documentation with the RFR to the email.
- Submit only one RFR per email submission.

RFRs may include expenditures contained within a subgrant period only and must be accompanied by all supporting documentation. All expenditures must be allowable in accordance with federal and State laws and regulations, and all federal grant governing guidance and program requirements.

Requirements for Submission of RFRs:

1. The subgrantee will submit RFRs and supporting documentation, as describe below in 2, to the MOT grant team, via email at MOT_MM@health.NV.GOV, within 15 business days following the end of each month for the approved subgrant period.
2. The RFR must contain, at a minimum, the following elements:
 - a. An accurately completed cover sheet that has been signed by the subgrantee. See Exhibit 1.
 - b. Supporting documentation, using one of the two options explained in 1 and 2 below, for each expenditure by budget line being requested. There are two forms of supporting documentation that BHWP will accept:
 - 1) Supporting documentation can come in the form of an expenditure report from a financial system or equivalent software program, including Excel. If the financial system cannot provide the salary expenditures that align with the subgrant budget, time and effort timesheets can be included with the financial report. See Exhibit 2.
The financial report must include, at a minimum, any grant-level coding that is needed to identify the funding source that is being charged, the vendor name, the payment date, the payment amount, the check or payment voucher number, and any relevant clarifying notes. See Exhibit 3.

- 2) Supporting documentation can also be copies of original invoices, receipts, payment vouchers, and timesheets (time and effort) that provide proof of payment.
- c. Supporting documentation can also incorporate a combination of both methods described above.
- d. In accordance with 2 CFR Part 200, BHWP has the authority to ask for any additional documentation that may be required to determine if costs are allowable.
- e. The expenditures should be limited to the period being reported, except in extreme cases that will be approved on a case-by-case basis.
- f. The amount requested cannot exceed the amount of the actual expenditure.
- g. If there has been no fiscal activity in a given month, subgrantees are required to submit an RFR claiming zero dollars for the month.

If you have any questions please do not hesitate to contact the Management Oversight Team at (775) 684-4091, MOT_MM@health.NV.GOV, or visit the Management Oversight Team webpage at <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/MOT/>.

Exhibit 1 Cover Sheet

Example RFR using a financial report as supporting documentation

HD#: 20171
 Budget Account: 3170
 CAT: 28
 Function Code: 0810
 Job Number: 9395916
 GL: 8780
 Draw #: _____

Program Name: Behavioral Health, Prevention and Treatment Division of Public and Behavioral Health	Subgrantee Name: ABC Agency Jane Dow, Executive Director
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 123 Plumb Dr Reno, NV 89507
Subgrant Period: July 1, 2016 through September 30, 2017	Subgrantee's: EIN: <u>88-0201840</u> Vendor #: <u>T80940636A</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): July - September

Calendar year: 2016

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$125,694.00	\$34,952.00	\$3,128.40	\$38,080.40	\$87,613.60	30.3%
2 Travel	\$9,500.00	\$350.00	\$4,480.22	\$5,300.22	\$4,199.78	55.8%
3 Operating	\$35,000.00	\$5,931.67	\$18,315.32	\$24,449.00	\$10,551.00	69.9%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$22,500.00	\$3,858.00	\$756,748.67	\$760,106.67	-\$537,606.67	341.6%
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$1,350.00	\$0.00	\$0.00	\$0.00	\$1,350.00	0.0%
Total	\$184,044.00	\$44,593.67	\$783,342.62	\$827,936.29	-\$433,892.29	210.1%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

Exhibit 2 Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Deputy Dog Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75

Total Cost: \$ 3,476.00

		TOTAL HOURS WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	TOTAL HOURS BILLED
Sunday	5/1/2016												0
Monday	5/2/2016	8		2	4		1					1	8
Tuesday	5/3/2016	8	3		1			2	1			1	8
Wednesday	5/4/2016	8		2	4		1					1	8
Thursday	5/5/2016	8	3		1			2	1			1	8
Friday	5/6/2016	8		2	4		1					1	8
Saturday	5/7/2016												0

		TOTAL HOURS WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	TOTAL HOURS BILLED
Sunday	5/8/2016												0
Monday	5/9/2016	8		2	4		1					1	8
Tuesday	5/10/2016	8	3		1			2	1			1	8
Wednesday	5/11/2016	8		2	4		1					1	8
Thursday	5/12/2016	8	3		1			2	1			1	8
Friday	5/13/2016	8		2	4		1					1	8
Saturday	5/14/2016												0

Total Gross Pay: \$ 1,820.00

Fringe \$ 32.00
 Fringe \$ 250.00
 Fringe \$ 1,358.00
 Fringe \$ 16.00

Employee Signature: _____

Supervisor Signature: _____

Funding Codes	Program Name	Hours	Base	Fringe	Total
1001	SABG - Project 1	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1002	SABG - Project 2	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1003	PFS - Project 1	28	\$ 637.00	\$ 579.60	\$ 1,216.60
1004	SPI - Project 1	0	\$ -	\$ -	\$ -
1005	CDC - Project 1	6	\$ 136.50	\$ 124.20	\$ 260.70
1006	METH - Project 1	8	\$ 182.00	\$ 165.60	\$ 347.60
1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -

Time Codes

- R=Regular
- S=Sick
- V=Vacation
- B=Bereavment
- J=Jury Duty
- DA=Disability
- WC= Work Comp
- H=Holiday

Exhibit 2 (cont.) Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Mickey Mouse Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75

Total Cost: \$ 3,476.00

		TOTAL HOURS WORKED										TOTAL HOURS BILLED
		1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	
Sunday	5/1/2016											0
Monday	5/2/2016	8	2	4		1					1	8
Tuesday	5/3/2016	8	3	1			2	1			1	8
Wednesday	5/4/2016	8		2	4	1					1	8
Thursday	5/5/2016	8	3		1		2	1			1	8
Friday	5/6/2016	8		2	4	1					1	8
Saturday	5/7/2016											0

		TOTAL HOURS WORKED										TOTAL HOURS BILLED
		1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	
Sunday	5/8/2016											0
Monday	5/9/2016	8	2	4		1					1	8
Tuesday	5/10/2016	8	3	1			2	1			1	8
Wednesday	5/11/2016	8		2	4	1					1	8
Thursday	5/12/2016	8	3		1		2	1			1	8
Friday	5/13/2016	8		2	4	1					1	8
Saturday	5/14/2016											0

EXAMPLE

Total Gross Pay: \$ 1,820.00
 Fringe \$ 32.00
 Fringe \$ 250.00
 Fringe \$ 1,358.00
 Fringe \$ 16.00

Employee Signature: _____

Supervisor Signature: _____

Funding Codes	Program Name	Hours	Base	Fringe	Total
1001	SABG - Project 1	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1002	SABG - Project 2	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1003	PFS - Project 1	28	\$ 637.00	\$ 579.60	\$ 1,216.60
1004	SPI - Project 1	0	\$ -	\$ -	\$ -
1005	CDC - Project 1	6	\$ 136.50	\$ 124.20	\$ 260.70
1006	METH - Project 1	8	\$ 182.00	\$ 165.60	\$ 347.60
1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -
1009	Leave - Distributive	0	\$ -	\$ -	\$ -
1010	Other activities not grant funded	10	\$ 227.50	\$ 207.00	\$ 434.50
		80	\$ 1,820.00	\$ 1,656.00	\$ 3,476.00

Time Codes
 R=Regular
 S=Sick
 V=Vacation
 B=Bereavement
 J=Jury Duty
 DA=Disability
 WC= Work Comp
 H=Holiday

Exhibit 2 (cont.) Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Minnie Mouse Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75 Total Cost: \$ 3,476.00

		TOTAL HOURS										TOTAL HOURS BILLED		
		WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009		1010	
Sunday	5/1/2016													0
Monday	5/2/2016	8		2	4		1						1	8
Tuesday	5/3/2016	8	3		1			2	1				1	8
Wednesday	5/4/2016	8		2	4		1						1	8
Thursday	5/5/2016	8	3		1			2	1				1	8
Friday	5/6/2016	8		2	4		1						1	8
Saturday	5/7/2016													0

		TOTAL HOURS										TOTAL HOURS BILLED		
		WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009		1010	
Sunday	5/8/2016													0
Monday	5/9/2016	8		2	4		1						1	8
Tuesday	5/10/2016	8	3		1			2	1				1	8
Wednesday	5/11/2016	8		2	4		1						1	8
Thursday	5/12/2016	8	3		1			2	1				1	8
Friday	5/13/2016	8		2	4		1						1	8
Saturday	5/14/2016													0

Total Gross Pay: \$ 1,820.00
 Fringe \$ 32.00
 Fringe \$ 250.00
 Fringe \$ 1,358.00
 Fringe \$ 16.00

Employee Signature: _____

Supervisor Signature: _____

Funding Codes	Program Name	Hours	Base	Fringe	Total
1001	SABG - Project 1	12	\$ 273.00	\$ 248.40	\$ 521.40
1002	SABG - Project 2	12	\$ 273.00	\$ 248.40	\$ 521.40
1003	PFS - Project 1	28	\$ 637.00	\$ 579.60	\$ 1,216.60
1004	SPI - Project 1	0	\$ -	\$ -	\$ -
1005	CDC - Project 1	6	\$ 136.50	\$ 124.20	\$ 260.70
1006	METH - Project 1	8	\$ 182.00	\$ 165.60	\$ 347.60
1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -
1009	Leave - Distributive	0	\$ -	\$ -	\$ -
1010	Other activities not grant funded	10	\$ 227.50	\$ 207.00	\$ 434.50
		80	\$ 1,820.00	\$ 1,656.00	\$ 3,476.00

Time Codes
 R=Regular
 S=Sick
 V=Vacation
 B=Bereavment
 J=Jury Duty
 DA=Disability
 WC= Work Comp
 H=Holiday

Exhibit 3 Example Financial Report

Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Claritying Notes
'9395915	CR 406 00008137278	05/28/2016	'0932	\$ (241.50)	Jane Clark	'PVE 31700004439
'9395915	PV 406 31700004756	05/01/2016		\$ (758.96)	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004937	05/28/2016		\$ 273.38	Minnie Mouse	'LAS VEGAS TRAVEL ADVANCE
'9395915	PV 406 31700004898	05/22/2016		\$ 404.73	Mickey Mouse	'TRAVEL ADVANCE LAS VEGAS
'9395915	PV 406 31700004782	05/07/2016	'0818	\$ 919.52	Mickey Mouse	'LAS VEGAS TRAVEL ADVANCE
'9395915	PV 406 31700004754	05/01/2016	'0818	\$ 295.00	Charlee Brown	'LAS VEGAS COALITION MONITOR
'9395915	JV 406 JVR00106720	05/20/2016	'0810	\$ 23.22	Correction	'CORRECT ACT CODE
'9395915	JV 406 JVR00106720	05/20/2016	'0810	\$ (23.22)	Correction	'PV 406 31700004757
'9395915	PV 406 31700004757	05/01/2016	'0810	\$ 23.22	Deputy Dog	'GARDNERVILLE AVATAR TRAINER
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 731.64	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 426.50	Whinne Pooh	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 886.72	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004927	05/28/2016	'0818	\$ 913.52	Charlee Brown	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 084 IIMT010523	05/13/2016		\$ 232.82	'NONE Intragovernmental	'HHS:DPBH/SUBSTANCE ABUSE
'9395915	JV 406 JVR00106648	05/19/2016	'0818	\$ 232.82	Correction	'ADD FUNCTION CODE
'9395915	JV 406 JVR00106648	05/19/2016		\$ (232.82)	Correction	'PV 084 IIMT010523
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 12.84	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 3.13	Whinne Pooh	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 30.12	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004754	05/01/2016	'0818	\$ 132.32	Charlee Brown	'LAS VEGAS COALITION MONITOR
'9395915	PV 406 31700004831	05/18/2016	'0810	\$ 14.04	Deputy Dog	'RENO EMPOWERMENT MEETING
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 96.75	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 75.32	Bob Smith	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 70.00	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004927	05/28/2016	'0818	\$ 31.32	Charlee Brown	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 TC406191601	05/11/2016	'0818	\$ 44.42	'T81090039AFIA CARD SERVICES NA	'SOUTHWES 5262413291765 - P
'9395915	PV 406 TC406191601	05/11/2016	'0010	\$ 430.78	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0818	\$ 285.95	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0810	\$ 47.42	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0010	\$ (430.78)	AFIA CARD SERVICES NA	'SOUTHWEST AIR
			Travel	\$ 4,950.22		
Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Claritying Notes
'9395915	PV 406 31700004795	05/07/2016	'0010	\$ 10,900.00	'T80711940 NATIONAL ASSOCIATION OF STATE	'7/01/16-6/30/17 NASADAD DUE
'9395915	PV 406 31700004935	05/28/2016	'0818	\$ 575.00	'D35000816 BOARD OF REGENTS-UNR	'NPH CONFERENCE-WASHINGTONM
'9395915	PV 406 31700004793	05/07/2016	'0818	\$ 2,580.00	'T81104206 COMMUNITY ANTI DRUG COALITIONS	'CUS#0002805130 PO#317017-01
'9395915	PV 406 31700004928	05/28/2016	'0818	\$ 619.00	'PUR0000214AMORRILL & MACHABEE	'PO#317016-53
'9395915	PV 406 31700004892	05/21/2016	'0010	\$ 2,678.66	'PUR0000214AMORRILL & MACHABEE	'PO#317016-54
'9395915	PV 406 31700004890	05/21/2016	'0030	\$ 611.00	'PUR0000214AMORRILL & MACHABEE	'PO#317016-56
'9395915	JV 180 IT172730	05/15/2016	'0818	\$ 3.48	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0810	\$ 13.92	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0030	\$ 13.92	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0010	\$ 6.96	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0818	\$ 9.73	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0810	\$ 19.46	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0030	\$ 29.19	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0010	\$ 9.73	State E-mail	'MAY 16 VPN
'9395915	JV 406 JVR00106759	05/21/2016	'0030	\$ 185.54	State IT Infrastructure	'CORRECT ALLOCATION

Exhibit 3 (cont.) Example Financial Report

Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Clarity Notes
'9395915	JV 406 JVR00106759	05/21/2016	'0810	\$ 148.43	State IT Infrastructure	'CORRECT ALLOCATION
'9395915	JV 406 JVR00106759	05/21/2016	'0818	\$ 111.31	State IT Infrastructure	'CORRECT ALLOCATION
			Operating	\$ 18,515.33		
'9395915	PV 406 31700004885	05/26/2016	'0810	\$ 58,152.90	'D35000816 BOARD OF REGENTS-UNR	'WO#4298 MAY 2016
'9395915	JV 406 10000171531	05/21/2016	'0818	\$ (162.18)	'D35000816 BOARD OF REGENTS-UNR	'PV 406 32150002480
'9395915	JV 406 10000171530	05/19/2016	'0818	\$ (162.18)	'D35000816 BOARD OF REGENTS-UNR	'PV 406 32150002509
'9395915	PV 406 31700004900	05/26/2016	'0818	\$ 1,714.10	'T80975738 PARTNERSHIP CARSON CITY	'HD#15311 MAY 2016
'9395915	PV 406 31700004819	05/15/2016	'0818	\$ 4,173.00	'T80940636ACRISIS CALL CENTER INC	'HD#15208 MAY 2016
'9395915	PV 406 31700004792	05/11/2016	'0818	\$ 8,356.00	'T27030522ACARE COALITION	'HD#15196 MAY 2016
'9395915	PV 406 31700004773	05/07/2016	'0818	\$ 30,916.00	'T80975738 PARTNERSHIP CARSON CITY	'HD#15206 MAY 2016
'9395915	PV 406 31700004777	05/07/2016	'0818	\$ 15,583.00	'T27003317 NYE COMMUNITIES COALITION INC	'HD#15203 MAY 2016
'9395915	PV 406 31700004915	05/27/2016	'0810	\$ 4,762.00	'T80943219 COMMUNITY COUNSELING CENTER	'HD#15440 MAY 2016
'9395915	PV 406 31700004911	05/27/2016	'0810	\$ 39,357.20	'T80479510 BRISTLECONE FAMILY RESOURCES	'HD#15223 MAY 2016
'9395915	PV 406 31700004867	05/25/2016	'0813	\$ 112,874.84	'T80928668AWESTCARE NEVADA INC	'HD#15238 MAY 2016
'9395915	PV 406 31700004867	05/25/2016	'0810	\$ 222,597.29	'T80928668AWESTCARE NEVADA INC	'HD#15238 MAY 2016
'9395915	PV 406 31700004854	05/20/2016	'0810	\$ 12,844.53	'T40283400AWASHOE, COUNTY OF	'HD#15271 MAY 2016
'9395915	PV 406 31700004874	05/20/2016	'0811	\$ 14,427.21	'T81027776 NORTHERN NEVADA HIV OUTPATIENT	'HD#15266 MAY 2016
'9395915	PV 406 31700004874	05/20/2016	'0812	\$ 2,155.79	'T81027776 NORTHERN NEVADA HIV OUTPATIENT	'HD#15266 MAY 2016
'9395915	PV 406 31700004818	05/15/2016	'0811	\$ 3,954.00	'T80990941JCARSON CITY, CITY OF	'HD#15269 MAY 2016
'9395915	PV 406 31700004818	05/15/2016	'0812	\$ 698.00	'T80990941JCARSON CITY, CITY OF	'HD#15269 MAY 2016
'9395915	PV 406 31700004815	05/15/2016	'0811	\$ 30,714.00	'T27001231BSOUTHERN NEVADA HEALTH	'HD#15267 MAY 2016
'9395915	PV 406 31700004815	05/15/2016	'0812	\$ 2,312.00	'T27001231BSOUTHERN NEVADA HEALTH	'HD#15267 MAY 2016
'9395915	PV 406 31700004815	05/11/2016	'0810	\$ 36,232.30	'T27013906 QUEST COUNSELING & CONSULTING	'HD#15231 MAY 2016
'9395915	PV 406 31700004787	05/07/2016	'0810	\$ 10,606.50	'T80819840 RURAL NEVADA COUNSELING	'HD#15444 MAY 2016
'9395915	PV 406 31700004772	05/07/2016	'0810	\$ 19,131.66	'T80819840 RURAL NEVADA COUNSELING	'HD#15444 JUN 2016
'9395915	PV 406 31700004771	05/07/2016	'0810	\$ 61,982.63	'T80603800 BRIDGE COUNSELING ASSOCIATES	'HD#15222 MAY 2016
'9395915	PV 406 31700004767	05/07/2016	'0810	\$ 25,862.08	'T80938781 RIDGE HOUSE INC	'HD#15232 MAY 2016
'9395915	PV 406 31700004766	05/07/2016	'0810	\$ 1,883.30	Transfer to CHN	'MOU#4339 OCT-MAY 16 HIV
'9395915	JV 406 10000171438	05/14/2016	'0811	\$ 35,782.70	Transfer to CHN	'MOU#4339 OCT-MAY 16 TB
'9395915	JV 406 10000171438	05/14/2016	'0812	\$ 756,748.67	Transfer to CHN	
			Contracts	\$ 756,748.67		
			Total Request:	\$ 780,214.22		