

**COUNTY INDIGENT HEALTH CARE PROGRAM  
MONTHLY FINANCIAL REPORT**

 County Name TOM GREEN

 Report for (Month/Year) 05/2016

or

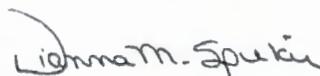
Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$196.47	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$0.00	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$0.00	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$5,358.26	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12. \$5,554.73</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>13. (</b>	<b>\$444.41 )</b>	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>14. (</b>	<b>\$0.00 )</b>	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15. ( \$444.41 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16. \$5,110.32</b>

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>	<b><u>117,481.48</u></b>
<b>GRTL \$</b> <u>37,602,713.00</u>	
<b>4% of GRTL \$</b>	<b><u>1,504,108.52</u></b>
<b>6% of GRTL \$</b>	<b><u>2,256,162.78</u></b>
<b>8% of GRTL \$</b>	<b><u>3,008,217.04</u></b>



Signature of Person Submitting Form 105

06/08/2016

Date