



**TRIBAL COMMUNITY AIDS REPORTING SYSTEM (CARS)
 ACCOUNTING REPORTS MANUAL**

CHAPTER IV – ATTACHMENT 1

EXAMPLE OF TRIBAL DES-603 REPORT

Community Aids Reporting System (A1) 2015 Distribution Report For Agencies (A2) Voucher 090411 (A3) “Month Name” Exps (A4) DES-CARS 603 (A5)
 Agency 1010XXXX-X70 “NAME” TRIBE (B1 and B2) Expected PMT Date 12/05/20XX (B3) “Month Name” Advs (B4) XX/XX/201X (B5)

Expense (C1)	Description (Section 1)	Expenses This Month (C2)	Adjustments Prior Month (C3)	Net Expense (C4)	Ratio (C5)	Amount Allocated (C6)
65890	I&A TRIBAL ADR EXPENSE	9,050	0	9,050		
65891	I&A TRIBAL ADR EXP FED				50.000 %	4,525
65892	I&A TRIBAL ADR EXP GPR				50.000 %	4,525
65896	ADR FUNCTIONAL SCREEN	190	0	190		
65897	LTCFS TRIBAL ADR EXP FED				50.000 %	95
65898	LTCFS TRIBAL ADR EXP GPR				50.000 %	95

Expense Description (Section 2)		Expenses	Adjustments	Net Expenses
		This Month	Prior Months	Reported
** IM CONTRACTS				
*** SUM-SUFFICIENT				
66321	IM FS CERT FED REIMBURSE	0	0	0
66322	IM FS ISSUE FED REIMBURSE	0	0	0
66323	IM WISCONSIN MEDICAID FED	0	0	0
66324	IM BC+ T19 FED REIMB	0	0	0
66325	IM BC+ T21 CHILDREN FED	0	0	0
66327	IM TANF REIMBURSEMENT	0	0	0
66328	IM FPW FED REIMBURSEMENT	0	0	0
66329	IM BC+ UCPI FED REIMBURSE	0	0	0
66330	IM BC+ PARENT/CARETAKER W	0	0	0
*** CONTRACT CONTROLLED				
66105	FSET ADMIN 100% FED SUPPL	0	0	0
66106	FSET ADMIN GPR/FED BASE	0	0	0
66107	FSET TRANSP GPR/FED BASE	0	0	0
66108	FSET RETENT GPR/FED BASE	0	0	0
66320	IM STATE REIMBURSEMENT	0	0	0

Expense Description		Expenses	Adjustments	Net Expenses
		This Month	Prior Months	Reported
** NON STATE/COUNTY CONTRACT				
*** CONTRACT CONTROLLED				
65057	SYSTEMS CHANGE	0	0	0
65060	CST TRIBES 2013	0	0	0
65061	CST TRIBES 2014	0	0	0
65300	FAMILY SERVICES	0	0	0
65401	TRIBAL MEDICAL RELIEF BK	0	0	0
65402	MEDICAID ELIG OUTREACH	0	0	0
65510	COOP AM INDIAN HLTH PROJ	0	0	0
65520	PREVENTIVE HLTH&HLTH SERV	0	0	0
65540	HIV PREVENTION (MINORITY)	0	0	0
65550	IMMUNIZATION - TRIBE	0	0	0
65557	DIABETES PRS2011	0	0	0
65596	BIOTERRORISM PREPAREDNESS	0	0	0

Expense Description (Section 3)	F	G	H	I	J	K	L	M
Net Expenses This Month	Reported CTD	EXPS +IN/-OUT	Rolled Actual CTD Expenses/Addendum/Advance	Contract Payment/Advance	CTD Payments/Advances	Difference K - H	Unexpended Contract	
*** Distribution Of Expenditures ***								
*** IM CONTRACTS ***								
("CTD" = Contr to date)								
66105 FSET ADMIN 100% FED SUPPL			10/01/2014 09/30/2015					
0	0	0	0	902	76	226	226	676
66106 FSET ADMIN GPR/FED BASE			10/01/2014 09/30/2015					
0	0	0	0	8,533	711	2,133	2,133	6,400
66107 FSET TRANSP GPR/FED BASE			10/01/2014 09/30/2015					
0	0	0	0	5,019	419	1,255	1,255	3,764
66108 FSET RETENT GPR/FED BASE			10/01/2014 09/30/2015					
0	0	0	0	175	15	44	44	131
66320 IM STATE REIMBURSEMENT			10/01/2014 09/30/2015					
0	0	0	0	59,441	4,953	14,860	14,860	44,581
66321 IM FS CERT FED REIMBURSE			10/01/2014 09/30/2015					
0	0	0	0	58,287	4,858	14,572	14,572	43,715
66322 IM FS ISSUE FED REIMBURSE			10/01/2014 09/30/2015					
0	0	0	0	896	75	224	224	672
66323 IM WISCONSIN MEDICAID FED			10/01/2014 09/30/2015					
0	0	0	0	2,677	223	669	669	2,008

Expense Description	F	G	H	I	J	K		
Net Expenses Reported	CTDEXPS	Rolled	Actual	CTD	Contract	Payment	CTD	Payments
This Month	Expenses	+IN/-OUT	Expenses/	Addendum/	Advance	/Advances	K - H	Unexpended
*** Distribution Of Expenditures ***								Contract
*** NON STATE/COUNTY CONTRACT ***								("CTD" = Contr to date)

65057 SYSTEMS CHANGE			10/01/2014	09/30/2015					
0	0	0	0	8,775	732	2,194	2,194	6,581	
65060 CST TRIBES 2013			*****> NO CONTRACT						
0	0	0	0	0	0	0	0	0	
65061 CST TRIBES 2014			07/01/2011	01/31/2014					
0	48,469	0	48,469	48,469	0	48,469	0	0	
65300 FAMILY SERVICES			10/01/2014	09/30/2015					
0	0	0	0	85,686	7,141	21,422	21,422	64,264	
65401 TRIBAL MEDICAL RELIEF BK			10/01/2014	09/30/2015					
0	0	0	0	41,721	3,477	10,430	10,430	31,291	
65402 MEDICAID ELIG OUTREACH			10/01/2014	09/30/2015					
0	0	0	0	44,845	3,737	11,211	11,211	33,634	
65510 COOP AM INDIAN HLTH PROJ			10/01/2014	09/30/2015					
0	0	0	0	8,908	742	2,227	2,227	6,681	
65520 PREVENTIVE HLTH&HLTH SERV			10/01/2014	09/30/2015					
0	0	0	0	2,430	203	608	608	1,822	

Expense Description	F	G	H	I	J	K		
Net Expenses Reported	CTDEXPS	Rolled	Actual	CTD	Contract	Payment	CTD	Payments
This Month	Expenses	+IN/-OUT	Expenses/	Addendum/	Advance	/Advances	K - H	Unexpended
*** Distribution Of Expenditures ***								Contract
*** NON STATE/COUNTY CONTRACT ***								("CTD" = Contr to date)
65540 HIV PREVENTION (MINORITY)			10/01/2014	09/30/2015				
0	0	0	0	7,500	625	1,875	1,875	5,625
65550 IMMUNIZATION - TRIBE			10/01/2014	09/30/2015				
0	0	0	0	2,237	186	559	559	1,678
65557 DIABETES PRS2011			10/01/2014	09/30/2015				
0	0	0	0	2,045	170	511	511	1,534
65596 BIOTERRORISM PREPAREDNESS			07/01/2015	06/30/2016				
0	0	0	0	26,876	0	6,719	6,719	20,157
***** TOTALS FOR CONTRACT TYPE (NON STATE/COUNTY CONTRACT)								
0	48,469	0	48,469	279,492	17,013	106,225	57,756	173,267
***** TOTALS FOR AGENCY (XX TRIBE)								
0	48,469	0	48,469	455,815	31,609	150,003	101,534	305,812

CURRENT AGENCY CHECK AMOUNT: 31,609