

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Comprehensive Annual Financial Reporting

FISCAL YEAR _____

DHMH Unit _____ Appn. Number(s) _____

Duplicated Transactions

_____ We are unaware of any instances where revenue or expenses have been grossed up (duplicated).

_____ We have the following amounts associated with instances of revenue or expenses being grossed up (duplicated) which need to be reversed.

<u>APPN #</u>	<u>APPR FUND</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
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Prepaid Expenditures

_____ We did not record any prepaid expenditures as a negative expenditure accrual.

_____ We recorded prepaid expenditures as a negative expenditure accrual, as follows:

<u>APPN #</u>	<u>APPR FUND</u>	<u>AMOUNT</u>	<u>ACCRUAL DOC#</u>	<u>DESCRIPTION</u>
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Signature, Chief Financial Officer

Printed Name, Chief Financial Officer

Date

Telephone No.

Email Address, Chief Financial Officer