DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Agency for Toxic Substances
and Disease Registry
Atlanta GA 30333

JUL 2 6 2010

Mr. Richard M. Thomas
U.S. EPA – Region 6
Accounting Services Section (6MD-CA)
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

Dear Mr. Thomas:

This is in response to a letter from Mr. Reynaldo Gomez dated June 1, 2010, that requested the Agency for Toxic Substances and Disease Registry (ATSDR) to provide a cost summary and redacted documentation for payments totaling $101,221.41 made under the Interagency Agreement (IAG) Number DW75950377 for the **Tar Creek (Ottawa County) (OU2), Ottawa County, Oklahoma, (60BE), EPA FACILITY No. OKD980629844** Superfund site during the period June 1, 2009, through May 31, 2010.

On behalf of ATSDR, the Centers for Disease Control and Prevention's Financial Management Office (CDC/FMO) periodically bills the Environmental Protection Agency (EPA) for activities funded by the EPA IAGs. These include CDC administrative support or indirect costs and expenditures incurred by the State of Oklahoma through a cooperative agreement with ATSDR. Enclosed is the documentation provided to ATSDR by the CDC/FMO to support these billings.

A separate submission to the Environmental Protection Agency's (EPA) Region 6 office includes costs and supporting documentation for site-specific activities by the State of Oklahoma and the CDC indirect costs funded by this IAG during the period April 1, 2009, through March 31, 2010.

Please contact me at (770) 488-0650 if you have questions concerning this matter.

Sincerely yours,

Betty N. Jones
Cost Recovery Team Leader

Enclosures
cc:
Mark S. Kashdan, CDC/ATSDR, OGC
Jennifer Lyke, ATSDR, DRO
Reynaldo Gomez, EPA

897463

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Agency for Toxic Substances
and Disease Registry
Atlanta GA 30333

JUL 2 6 2010

Mr. Richard M. Thomas
U.S. EPA –Region 6
Accounting Services Section (6MD-CA)
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

Dear Mr. Thomas:

This is in response to Audra Fountain's e-mail dated June 1, 2010, that requested updated cost recovery documentation for the **Tar Creek (Ottawa County) (OU2) Residential Areas, Ottawa County, Oklahoma, (60BE), EPA FACILITY No. OKD980629844** Superfund site. Enclosed are two copies of a cost summary and redacted documentation to support **expenditures incurred under the Interagency Agreement (IAG) Number DW-75-950377-01 between the U. S. Environmental Protection Agency (EPA) and the Agency for Toxic Substances and Disease Registry (ATSDR) during the period April 1, 2009, through March 31, 2010,** *unless otherwise indicated.*

Funds provided by the EPA IAG to the Department of Health and Human Services (HHS) are transferred to the ATSDR through the Centers for Disease Control and Prevention (CDC). ATSDR has an administrative support agreement with the CDC. The CDC retains a portion of these funds for their administrative (indirect) costs. The balance of the funds are disbursed to the State of Oklahoma through a state cooperative agreement with ATSDR for site specific environmental health education and monitoring activities occurring at Tar Creek.

On behalf of ATSDR, CDC's Financial Management Office (FMO) periodically bills EPA for activities funded by the EPA IAGs. These include CDC administrative support (indirect) costs and expenditures incurred by the State of Oklahoma through its cooperative agreement. A separate submission to EPA Region 6 provides documentation from the CDC/FMO to support their billings totaling $101,221.41 during the timeframe of June 1, 2009, to May 31, 2010.

Please ensure that these and other IAG funded costs reported in previous submissions to the EPA Region 6 office are not duplicated in EPA's financial accounting system as both billings under the EPA IAGs with HHS (DW-75-937840-01; DW-75-938680-01; DW-75-950377-01), and also as site specific expenses incurred by ATSDR.

Please note that the IAG costs reported by the ATSDR in this submission are limited to:

- Cooperative agreement disbursements reported by Oklahoma State Department of Health (Oklahoma) in their quarterly PSC 272 Reports to the Health and Human Services (HHS), Division of Payment Management (DPM), Payment Management System (PMS) through the period ending December 31, 2009 because no quarterly report for the period January 1, 2010, through March 31, 2010 was available in PMS; and

- CDC Indirect Costs for EPA IAG Number DW-750377-01-8 attributed to Voucher 05113607. Please see separate submission.

The costs and documentation provided in this cost recovery package update the costs and documentation for the EPA IAG costs provided in our previous packages. A summary of both the EPA IAG funded costs and the ATSDR's cost recovery packages submitted to EPA Region 6 is included in this submission. ATSDR has ongoing responsibilities at active Superfund sites. Consequently, additional costs will be incurred in the future.

Please contact me at (770) 488-0650 if you have questions concerning this cost recovery matter.

Sincerely yours,

Betty N. Jones

Betty N. Jones
Cost Recovery Team Leader

Enclosures
cc:
Mark S. Kashdan, CDC/ATSDR, OGC
Jennifer Lyke, ATSDR, DRO

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

June 1, 2010

Ms. Betty Jones
Dept. of Health and Human Services
Agency of Toxic Substances
& Disease Registry
1600 Clifton Road, Mailstop E-60
Atlanta, Georgia 30333

Dear Ms. Jones:

Please prepare a cost summary and provide us with the necessary **Department of Health and Human Services** cost documentation for the following site:

Tar Creek Site Specific IAG: DW75950377

EPA Site ID:	06-BE
Superfund Site:	Tar Creek (OU2)
Payment Timeframe:	06/01/2009 to 05/31/2010
Amount:	$101,221.41 (paid to you by EPA)
Due Date:	7/01/2010

Our preliminary figures showing the individual payment amounts are attached. If your records show a different amount, please contact us immediately. Should our final figures differ from this amount, we will notify you.

The level of cost documentation should conform to the requirements in the IAG and with the guidance contained in EPA's Superfund Financial Management and Recordkeeping - Guidance for Federal Agencies. Please provide this documentation separately from other ATSDR cost documentation. Please redact your documentation for privacy act and confidential business information and include a statement in your transmittal letter confirming that the documentation has been redacted.

Please forward the packages to:

Richard M. Thomas
U.S. EPA - Region 6
Accounting Services Section (6MD-CA)
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

If you have any questions, call Richard Thomas at 214-665-8528 or email him at thomas.richardm@epa.gov. Thank you for your assistance.

Sincerely,

/s/

Reynaldo Gomez, Acting Chief
Accounting Services Section (6MD-CA)

6MD-RS:RThomas:\RGomez ATSDRjun-10_DHHS.wpd

IFMS Reconciliation Pending

Contract Costs

TAR CREEK (OTTAWA CO) (OU2), MIAMI, OK SITE ID = 06 BE

Timeframe: 06/01/2009 to 05/31/2010

INTERAGENCY AGREEMENT (IAG)

Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES

IAG Number: DW75950377

Project Officer(s): LENNOX, URSULA

Dates of Service: From: 06/01/2009 To: 05/31/2010

Summary of Service: Health Assessment

Total Costs: $101,221.41

Voucher Number	Voucher Date	Voucher Amount	Treasury Schedule Number	and Date	Site Amount
05113607	06/04/2009	14,450.00	270964800	07/09/2009	14,450.00
05113608	06/04/2009	1,937.18	270964801	07/09/2009	1,937.18
05113609	06/04/2009	28,758.76	270964802	07/09/2009	28,758.76
05115195	01/19/2010	56,075.47	271068823	01/22/2010	56,075.47
				Total:	$101,221.41

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)
Tar Creek (Ottawa County)
Ottawa County, Oklahoma
(60BE)

Interagency Agreements (IAG) # DW-75-950377

Voucher Number	Detail Amounts	Total Amount	For supporting documentation refer to the following:
05113607		$ 14,450.00	Attached invoice details provided to ATSDR by the Centers for Disease Control and Prevention Financial Management Office (CDC/FMO)
05113608		$ 1,937.18	Attached invoice details provided to ATSDR by the CDC/FMO
05113609		$ 28,758.76	Attached invoice details provided to ATSDR by the CDC/FMO
	See Attached	**$ 45,145.94**	
05115195	See Attached	**$ 56,075.47**	Attached invoice details provided to ATSDR by the CDC/FMO
		$ 101,221.41	

Reimbursable IAG funds from EPA were disbursed by ATSDR to the Oklahoma State Department of Health through cooperative agreements. The cooperative agreement awards were made by ATSDR through the Procurement and Grants Office (PGO) of the Centers for Disease Control and Prevention (CDC). A portion of the IAG funds was retained by CDC for administrative support services to ATSDR. These services are billed to EPA as indirect costs under the IAGs.

Funds under these awards were made available to Oklahoma through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is a full service centralized grants payment and cash management system administered by the Division of Payment Management (DPM) Program Support Center, HHS. Additional information about the DPM can be found at http://www.dpm.psc.gov.

Requests for funds by Oklahoma were made through DPM/PMS. Oklahoma is required by DPM/PMS to complete quarterly PSC 272 Reports which certify disbursement of funds. Grantee data reported on the quarterly PSC 272 Reports is electronically submitted by DPM/PMS to the CDC financial accounting system on a periodic basis.

On behalf of ATSDR, CDC's Financial Management Office (FMO) periodically bills EPA for reimbursement of both the Oklahoma cooperative agreement expenditures and the CDC administrative support costs funded by the IAGs.

Jones, Betty N. (ATSDR/OFAS/OD)

From: Browning, Boyd J. (CDC/OCOO/FMO)
Sent: Thursday, June 03, 2010 12:42 PM
To: Jones, Betty N. (ATSDR/OFAS/OD)
Cc: Smalling, Shelli (CDC/OCOO/FMO)
Subject: RE: Request by EPA Region 6 for Supporting Documentation of Invoices submitted by CDC/FMO - Tar Creek, OK Site Specific IAG

Will do

Boyd Browning (CDC/OCOO/FMO)
CDC, FMO - Debt Management Branch | Atlanta, GA
CDC: 404-498-4192| bvb2@cdc.gov

fmoservicedesk@cdc.gov
404.498.4500

From: Jones, Betty N. (ATSDR/OFAS/OD)
Sent: Thursday, June 03, 2010 11:55 AM
To: Browning, Boyd J. (CDC/OCOO/FMO)
Cc: Smalling, Shelli (CDC/OCOO/FMO); Jones, Betty N. (ATSDR/OFAS/OD)
Subject: Request by EPA Region 6 for Supporting Documentation of Invoices submitted by CDC/FMO - Tar Creek, OK Site Specific IAG
Importance: High

Boyd,

The Environmental Protection Agency (EPA) Region 6 has requested CDC/ATSDR to provide documentation supporting amounts paid by them to the CDC/ATSDR through the Tar Creek Site Specific Interagency Agreement (IAG).

Attached are copies of the June 1, 2010, letter request from the EPA and a print out from EPA's financial system titled "Contract Costs" for vouchers totaling $101,221.41 which have been paid to CDC/ATSDR by EPA during the timeframe of June 1, 2009, to May 31, 2010. All of these invoices are marked as being related to DW75950377, an IAG between HHS/CDC/ATSDR and EPA for the Tar Creek Superfund site.

Please provide copies of the IPAC billings, the underlying supporting documentation from CDC's financial accounting system and other information, if applicable, to confirm the calculation of the following four (4) IPAC billings listed by EPA 6: Voucher Numbers 05113607, 05113608, 05113609, and 05115195.

Over the past few years EPA has made similar requests and included copies of "Contract Costs" print outs from their financial system. Their last request was dated June 5, 2009. The invoice details you provided to ATSDR via e-mails dated June 22, 2009, were submitted as documentation to the EPA on July 10, 2009.

In general these Tar Creek IAG costs have been recorded in CDC's financial management system under CAN # 921T048 for direct costs and CANs # 921T049 or 921Z0KH for indirect costs. In recent years direct costs were transferred to the State of Oklahoma through ATSDR cooperative agreement grant award UTS000063A. In the past as Oklahoma drew down funds through the HHS/PMS system, CDC was notified and used these quarterly draw downs to bill EPA. I understand that circa 2007 the CDC Financial Management Office (CDC/FMO) began using a different methodology to calculate its bills to EPA.

Thank you,
Betty N. Jones
ATSDR/Cost Recovery Team Lead
4770 Buford Highway NE
Atlanta, GA 30341-3717
770-488-0659
BNJones@cdc.gov

Jones, Betty N. (ATSDR/OFAS/OD)

From: Browning, Boyd J. (CDC/OCOO/FMO)
Sent: Thursday, June 03, 2010 1:33 PM
To: Jones, Betty N. (ATSDR/OFAS/OD)
Subject: 21577.xls

21577.xls

Hello Betty. Here is the information you requested for IPAC Numbers 05113607, 05113608, and 005113609. The information for IPAC 05115195 is coming soon. I will also fax you copies of all 4 IPACS shortly. Thank you so much.

Boyd

Task Number	Task Name	Bill Amount	Exp Item / Event Date	Type	Original Transaction Reference	Employee/Supplier Name	Description	Supplier Invoice Number
921T048	M	1427.57	30-Sep-08	41501-OTR PROJECTS	UTS000063A_3525592		ADV UTS000063A_3525592	
921T048	M	43718.37	30-Sep-08	41501-OTR PROJECTS	UTS000063A_3593587		EXP UTS000063A_3593587	
		45145.94						

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Originating ALC	Customer ALC	Submitter ALC	COLLECTION
75090421	68010727		

Document Reference Number	Summary Amount
05113607	$14,450.00

Accomplished Date	Accounting Date	Number of Detail(s)	Originator DO Symbol
06/04/2009	06/30/2009	1	X0051

ALC Contact	Contact Phone
Boyd Browning	4044984192

Contact Email
BVB2@cdc.gov

Detail Number	Receiver Treasury Account Symbol	Receiver DUNS+4	Sender Treasury Account Symbol	Sender DUNS+4
1			7550944	

Receiver BETC	Receiver DUNS	Sender BETC	Sender DUNS

Purchase Order Number	Invoice Number
DW-75-950377-01-5	21577

Obligating Document Number	Requisition Number	Contract Number
08-AT99-R006		

CLIN	Jas Number

ACT(trace number)	Job (Project) Number	Pay Flag	Receiver Dept Code
		P	09

Unit of Issue	Quantity	Unit Price	Detail Amount
EA	1.00	$14,450.00	$14,450.00

ACRN	Accounting Classification Code	FSN/AAA/ADSN	DOD Activity Address Code
		0	

Transaction Contact	Contact Phone
BOYD BROWNING	404-498-4192

Transaction Description
CONTINUATION OF TAR CREEK BLOOD SCREENING AND HEALTH EVALUATION

Miscellaneous Information
BILLING INFO: AGMT: DW-75-950377-01-5 DCN : PLA009 APPN : T FY: 05 BUDG ORG: 6A00P PRC: 302DD2C OBJ CLS: 2507 SITE/PROJECT 08BETA00 COST ORG: C002

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Sender Standard General Ledger (SGL) Information

SGL Category	Federal Flag	SGL Account	Amount	
30C	F	1010	$14,450.00	Debit
22D	F	1310	$14,450.00	Credit

Sender SGL Comments

Receiver SGL Comments

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Originating ALC	Customer ALC	Submitter ALC	COLLECTION
75090421	68010727		

Document Reference Number	Summary Amount
05113608	$1,937.18

Accomplished Date	Accounting Date	Number of Detail(s)	Originator DO Symbol
06/04/2009	06/30/2009	1	X0051

ALC Contact	Contact Phone
Boyd Browning	4044984192

Contact Email
BVB2@cdc.gov

Detail Number	Receiver Treasury Account Symbol	Receiver DUNS+4	Sender Treasury Account Symbol	Sender DUNS+4
1			7570944	

Receiver BETC	Receiver DUNS	Sender BETC	Sender DUNS

Purchase Order Number	Invoice Number
DE-75-95037701-7	21577

Obligating Document Number	Requisition Number	Contract Number
08-AT99-R006		

CLIN	Jas Number

ACT(trace number)	Job (Project) Number	Pay Flag	Receiver Dept Code
		P	09

Unit of Issue	Quantity	Unit Price	Detail Amount
EA	1.00	$1,937.18	$1,937.18

ACRN	Accounting Classification Code	FSN/AAA/ADSN	DOD Activity Address Code
		0	

Transaction Contact	Contact Phone
BOYD BROWNING	404-498-4192

Transaction Description
CONTINUATION OF TAR CREEK BLOOD SCREENING AND HEALTH EVALUATION

Miscellaneous Information
BILLING INFO: AGMT: DE-75-95037701-7 DCN : PLA005 FY : 7 APPN : T BUDGET ORG: 6A00P PRC: 302DD2E OBJ CLS: 2507 SITE/PROJECT: 06BEHA00 COST ORG: C001

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Sender Standard General Ledger (SGL) Information

SGL Category	Federal Flag	SGL Account	Amount
30C	F	1010	$1,937.16 Debit
22D	F	1310	$1,937.16 Credit

Sender SGL Comments

Receiver SGL Comments

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Originating ALC	Customer ALC	Submitter ALC	COLLECTION
75090421	68010727		

Document Reference Number	Summary Amount
05113609	$28,758.76

Accomplished Date	Accounting Date	Number of Detail(s)	Originator DO Symbol
06/04/2009	06/30/2009	1	X0051

ALC Contact	Contact Phone
Boyd Browning	4044984192

Contact Email
BVB2@cdc.gov

Detail Number	Receiver Treasury Account Symbol	Receiver DUNS+4	Sender Treasury Account Symbol	Sender DUNS+4
1			7580944	

Receiver BETC	Receiver DUNS	Sender BETC	Sender DUNS

Purchase Order Number	Invoice Number
DE-75-95037701-8	21577

Obligating Document Number	Requisition Number	Contract Number
08-AT99-R006		

CLIN	Jas Number

ACT(trace number)	Job (Project) Number	Pay Flag	Receiver Dept Code
		P	09

Unit of Issue	Quantity	Unit Price	Detail Amount
EA	1.00	$28,758.76	$28,758.76

ACRN	Accounting Classification Code	FSN/AAA/ADSN	DOD Activity Address Code
		0	

Transaction Contact	Contact Phone
BOYD BROWNING	404-498-4192

Transaction Description
CONTINUATION OF TAR CREEK BLOOD SCREENING AND HEALTH EVALUATION

Miscellaneous Information
BILLING INFO : AGMT: DE-75-95037701-8 DCN : PLA007 FY: 8 APPN : T BUDGET ORG: 6A00P PRC: 302DD2E OBJECT : 2507 SITE/PROJECT :06BETA00 COST ORG: C002

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 06/04/2009 End Date: 06/04/2009

Sender Standard General Ledger (SGL) Information

SGL Category	Federal Flag	SGL Account	Amount	
30C	F	1010	$28,758.76	Debit
22D	F	1310	$28,758.76	Credit

Sender SGL Comments

Receiver SGL Comments

Jones, Betty N. (ATSDR/OFAS/OD)

From: Browning, Boyd J. (CDC/OCOO/FMO)
Sent: Thursday, June 03, 2010 2:45 PM
To: Jones, Betty N. (ATSDR/OFAS/OD)
Subject: 05115195.xls

05115195.xls

Hey Betty. Here is the last IPAC. Thanks. Boyd

Task Number	Task Name	Bill Amount	Exp Item / Event Date	Type	Original Transaction Reference	Employee/Supplier Name	Description	Supplier Invoice Number
921T048	M	-11442.34	30-Sep-08	41501-OTR PROJECTS	UTS000063A_4208524		ACR UTS000063A_4208524	
921T048	M	57602.27	30-Sep-08	41501-OTR PROJECTS	UTS000063A_4338563		EXP UTS000063A_4338563	
921T048	M	11442.34	30-Sep-08	41501-OTR PROJECTS	UTS000063A_4143757		ACR UTS000063A_4143757	
921T048	M	-11720.92	30-Sep-08	41501-OTR PROJECTS	86271		HHS Grant Advances Reversal	
921T048	M	-38914.15	30-Sep-08	41501-OTR PROJECTS	83898		HHS Grant Advances Reversal	
921T048	M	24269.44	30-Sep-08	41501-OTR PROJECTS	87440		HHS Grant Advances Reversal	
921T048	M	-39071.88	30-Sep-08	41501-OTR PROJECTS	88036		HHS Grant Advances Reversal	
921T048	M	-14803.33	30-Sep-08	41501-OTR PROJECTS	86744		HHS Grant Advances Reversal	
921T048	M	691.04	30-Sep-08	41501-OTR PROJECTS	80757		HHS Grant Advances Reversal	
921T048	M	-19044.61	30-Sep-08	41501-OTR PROJECTS	77030		HHS Grant Advances Reversal	
921T048	M	-14361.75	30-Sep-08	41501-OTR PROJECTS	79441		HHS Grant Advances Reversal	
921T048	M	-1427.57	30-Sep-08	41501-OTR PROJECTS	90253		HHS Grant Advances Reversal	
921T048	M	38914.15	30-Sep-08	41501-OTR PROJECTS	78262		HHS Grant Advances Reversal	
921T048	M	35497.52	30-Sep-08	41501-OTR PROJECTS	72336		HHS Grant Advances Reversal	
921T048	M	-626.62	30-Sep-08	41501-OTR PROJECTS	75826		HHS Grant Advances Reversal	
921T048	M	39071.88	30-Sep-08	41501-OTR PROJECTS	86272		HHS Grant Advances Reversal	
		56075.47						

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 01/19/2010 End Date: 01/19/2010

Originating ALC	Customer ALC	Submitter ALC	COLLECTION
75090421	68010727		

Document Reference Number	Summary Amount
05115195	$56,075.47

Accomplished Date	Accounting Date	Number of Detail(s)	Originator DO Symbol
01/19/2010	01/31/2010	1	X0051

ALC Contact	Contact Phone
Boyd Browning	4044984192

Contact Email
BVB2@cdc.gov

Detail Number	Receiver Treasury Account Symbol	Receiver DUNS+4	Sender Treasury Account Symbol	Sender DUNS+4
1			7580944	

Receiver BETC	Receiver DUNS	Sender BETC	Sender DUNS

Purchase Order Number	Invoice Number
DE-75-95037701-8	22018,25024

Obligating Document Number	Requistion Number	Contract Number
08-AT99-R006		

CLIN	Jas Number

ACT(trace number)	Job (Project) Number	Pay Flag	Receiver Dept Code
		P	09

Unit of Issue	Quantity	Unit Price	Detail Amount
EA	1.00	$56,075.47	$56,075.47

ACRN	Accounting Classification Code	FSN/AAA/ADSN	DOD Activity Address Code
		0	

Transaction Contact	Contact Phone
BOYD BROWNING	404-498-4192

Transaction Description
CONSULTATION OF TAR CREEK BLOOD SCREENING AND HEALTH EVALUATION

Miscellaneous Information
BILLING INFO: DE-75-95037701-8 DCN : PLA007 FY: 8 APPN : T BUDGET ORG: 8A00P PRC: 302DD2E OBJECT : 2507 SITE/PROJECT 06BETA00 COST ORG: C002

SENT BY YOUR ALC
COLLECTION TRANSACTIONS SORTED BY CUSTOMER ALC
INCLUDES THIRD PARTY SUBMITTER DATA

Start Date: 01/19/2010 End Date: 01/19/2010

Sender Standard General Ledger (SGL) Information

SGL Category	Federal Flag	SGL Account	Amount	
30C	F	1010	$56,075.47	Debit
22D	F	1310	$56,075.47	Credit

Sender SGL Comments

Receiver SGL Comments

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Cost Summary

Additional Interagency Agreement (IAG) Costs
for the period April 1, 2009, through March 31, 2010
for
IAG No. DW-75-950377-01-8

TAR CREEK (OTTAWA COUNTY) (OU2) RESIDENTIAL AREAS
Ottawa County, Oklahoma
EPA FACILITY No. OKD980629844
(60BE)

Date prepared: July 22, 2010

Narrative Cost Summary Report:

1. The Agency for Toxic Substances and Disease Registry (ATSDR) has incurred costs of at least $85,007.19 under a Cooperative Agreement with the State of Oklahoma through the period ending March 31, 2010. These costs are limited to cooperative agreement disbursements reported by the Oklahoma State Department of Health in their quarterly PSC 272 Reports to the Health and Human Services (HHS), Division of Payment Management (DPM), Payment Management System (PMS) through the *period ending December 31, 2009.* No quarterly report for the period January 1, 2010, through March 31, 2010 was displayed in the PMS.

2. The ATSDR has incurred indirect costs of at least $14,450.00 under IAG No. DW-75-950377-01-8 through the period ending March 31, 2010. These costs were for services provided to ATSDR through an administrative support agreement between the Centers for Disease Control and Prevention (CDC) and ATSDR.

EPA IAA (IAG) No. DW-75-950377-01-8	(State Cooperative Agreement U61/TS000063)	
Quarter ending 6/30/2009	$34,870.90	
Quarter ending 9/30/2009	$57,602.27	
Quarter ending 12/31/2009	($7,465.09)	$ 85,007.19
Subtotal		$ 85,007.19
CDC Indirect Costs (DW-75-950377-01-8)		$ 14,450.00
TOTAL ADDITIONAL COSTS		$ 99,457.19

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

DOCUMENTATION:

ATSDR COST PACKAGES SUBMITTED TO EPA REGION VI:

- COPY OF SPREADSHEET SUMMARY OF ATSDR AND EPA IAG COSTS FOR THE TAR CREEK SITE 60BE SUBMITTED TO EPA REGION VI.

CUMULATIVE LISTING OF EPA IAG(s) WITH ATSDR AND COPY OF EPA IAG NUMBER DW-75-950377-01-9

- COPY OF A LIST OF REIMBURSABLE INTERAGENCY AGREEMENTS (IAG) WITH THE ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR TAR CREEK.
- COPY OF EPA IAG # DW-75-950377-01-09 (NO COST EXTENSION) TO DHHS/AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (PROJECT PERIOD 10/05/1998 THROUGH 9/28/2011) (BUDGET PERIOD 10/01/2009 TO 9/30/2010) WITH ATTACHED MEMORANDUM.

SPREADSHEET CROSS-REFERENCING EPA IAG(s) TO AMOUNTS AWARDED TO STATE OF OKLAHOMA, DISBURSEMENTS BY THE HHS/DPM/PMS, CDC INDIRECT COSTS, AND ATSDR PACKAGES SUBMITTED TO REGION VI

- COPY OF SUMMARY OF IAG FUNDS, AMOUNTS AWARDED BY ATSDR TO THE STATE OF OKLAHOMA, DISBURSEMENTS IN HHS'S PMS AND CDC'S ACCOUNTING SYSTEMS. CURRENT SUBMISSION AMOUNTS ARE HIGHLIGHTED.
- COPY OF SUMMARY DETAIL SPREADSHEETS FOR REIMBURSABLE IAG DW-75-950377-01-8. CURRENT SUBMISSION AMOUNTS ARE HIGHLIGHTED.

HHS/DPM/PMS AND CDC FINANCIAL ACCOUNTING SYSTEMS REPORTS:

- COPY OF DPM/PMS INQUIRY AUTHORIZATION TRANSACTIONS EXTENDED AND INQUIRY DISBURSEMENT TRANSACTIONS FOR GRANT AWARDS U61/TS000063 THROUGH PERIOD ENDING DECEMBER 31, 2009. AWARDS WERE MADE BY ATSDR TO THE STATE OF OKLAHOMA THROUGH COOPERATIVE AGREEMENTS. CURRENT SUBMISSION AMOUNTS ARE HIGHLIGHTED.
- COPY OF PRINT OUTS FROM THE CDC INTEGRATED REPORTING INFORMATION SYSTEM (IRIS) RELATED TO GRANT AWARDS U61/TS000063 WHICH ARE PAID UNDER ACCOUNTING DOCUMENT NUMBER UTS000063A. CURRENT SUBMISSION AMOUNTS ARE HIGHLIGHTED.

STATE OF OKLAHOMA COOPERATIVE AGREEMENT EXPENDITURES

ATSDR COST PACKAGES SUBMITTED TO EPA REGION VI

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Summary of ATSDR's costs for site 60BE submitted to EPA Region VI
for the period through May 31, 2010

Date of cost package	Time Period	ATSDR Payroll	ATSDR Travel	ATSDR Indirect	EPA/IAG CDC Indirect DW-75-93784001	IAG Funded Coop Agreement State of Oklahoma DW-75-93784001	EPA/IAG CDC Indirect DW-75-93868001	IAG Funded Coop Agreement State of Oklahoma DW-75-93868001	EPA/IAG CDC Indirect DW-75-95037701	IAG Funded Coop Agreement State of Oklahoma DW-75-95037701	Total Costs Provided
8/28/2002	Through 3/31/2002	$ 29,895.28	$ 6,007.54	$ 167,288.00							
Subtotal		$ 29,895.28	$ 6,007.54	$ 167,288.00							$ 203,190.82
5/5/2003 -- Rpt 1	Suppl through 3/31/2002			$ -							
5/5/2003 -- Rpt 2	Through 3/31/2002 *				$ -	$ 95,238.00					$ 95,238.00
5/5/2003 -- Rpt 3	Through 3/31/2002 *						$ 28,572.00	$ 455,400.38			$ 483,972.38
5/5/2003 -- Rpt 4	Through 3/31/2002 *								$ 14,286.00		$ 14,286.00
Subtotal		$ -	$ -	$ -	$ -	$ 95,238.00	$ 28,572.00	$ 455,400.38	$ 14,286.00	$ -	$ 593,496.38
7/1/2003	Through 3/31/2002 Documentation from State of Oklahoma *										
8/21/2003 -- Rpt 1	4/1/2002 though 3/31/2003	$ 8,886.85	$ 1,346.24	$ 43,680.00							$ 53,913.09
8/21/2003 -- Rpt 2	4/1/2002 though 3/31/2003							$ 116,027.62			$ 116,027.62
8/21/2003 -- Rpt 3	4/1/2002 though 3/31/2003								$ 9,524.00	$ 162,902.56	$ 172,426.56
Subtotal		$ 8,886.85	$ 1,346.24	$ 43,680.00	$ -	$ -	$ -	$ 116,027.62	$ 9,524.00	$ 162,902.56	$ 342,367.27
8/21/2003 --Special Rpt	Additional Information regarding IAGs										
9/25/2003 -- Rpt 1	4/1/2003 through 6/30/2003	$ 2,683.86		$ 12,075.00							$ 14,758.86
9/25/2003 -- Rpt 2	4/1/2003 through 6/30/2003									$ 42,535.64	$ 42,535.64
Subtotal		$ 2,683.86	$ -	$ 12,075.00	$ -	$ -	$ -	$ -	$ -	$ 42,535.64	$ 57,294.50
9/15/2004 -- Rpt 1	Suppl through 3/31/2002			$ -							$ -
9/15/2004 -- Rpt 2	Suppl 4/1/2002 - 3/31/2003			$ -							$ -
9/15/2004 -- Rpt 3	Suppl 4/1/2003 - 6/30/2003	$ 1,336.40		$ 5,565.00							$ 6,901.40
9/15/2004 -- Rpt 4	7/1/2003 through 5/31/2004	$ 92,480.70	$ 11,912.56	$ 389,130.00							$ 493,523.26
9/15/2004 -- Rpt 5	7/1/2003 through 3/31/2004								$ 14,449.34	$ 224,482.84	$ 238,932.18
9/15/2004	Suppl Information/Docs regarding IAGs										
9/15/2004--Special Rpt	Ms. Milbeck - Vouchers										
Subtotal		$ 93,817.10	$ 11,912.56	$ 394,695.00	$ -	$ -	$ -	$ -	$ 14,449.34	$ 224,482.84	$ 739,356.84
8/3/2005 -- Rpt 1	Suppl 4/1/2002 - 3/31/2003			$ 619.50							$ 619.50
8/3/2005 -- Rpt 2	Suppl 4/1/2003 - 6/30/2003			$ 588.00							$ 588.00
8/3/2005 -- Rpt 3	Suppl 7/1/2003 - 5/31/2004	$ 1,483.92		$ 18,179.00							$ 19,662.92
8/3/2005 -- Rpt 4	6/1/2004 through 5/31/2005	$ 56,006.96	$ 2,751.87	$ 256,277.00							$ 315,035.83
Subtotal		$ 57,490.88	$ 2,751.87	$ 275,663.50	$ -	$ -	$ -	$ -	$ -	$ -	$ 335,906.25
9/9/2005--Special Rpt	Ms. Milbeck - Vouchers										
9/9/2005	4/1/2004 through 3/31/2005								$ 14,449.50	$ 175,587.14	$ 190,036.64
Subtotal									$ 14,449.50	$ 175,587.14	$ 190,036.64
7/14/2006 -- Rpt 1	Suppl 7/1/2003 - 5/31/2004	$ (0.86)		$ 24,378.00							$ 24,377.14
7/14/2006 -- Rpt 2	Suppl 6/1/2004 - 5/31/2005	$ 1,031.61	$ 1,085.69	$ 24,991.00							$ 27,108.30
7/14/2006 -- Rpt 3	6/1/2005 through 5/31/2006	$ 58,023.03	$ 2,288.97	$ 230,431.50							$ 290,743.50
Subtotal		$ 59,053.78	$ 3,374.66	$ 279,800.50	$ -	$ -	$ -	$ -	$ -	$ -	$ 342,228.94

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Summary of ATSDR's costs for site 60BE submitted to EPA Region VI
for the period through May 31, 2010

Date of cost package	Time Period	ATSDR Payroll	ATSDR Travel	ATSDR Indirect	EPA/IAG CDC Indirect DW-75-93784001	IAG Funded Coop Agreement State of Oklahoma DW-75-93784001	EPA/IAG CDC Indirect DW-75-93868001	IAG Funded Coop Agreement State of Oklahoma DW-75-93868001	EPA/IAG CDC Indirect DW-75-95037701	IAG Funded Coop Agreement State of Oklahoma DW-75-95037701	Total Costs Provided
7/24/2006-Special Rpt	Ms. Milbeck - Vouchers										
7/24/2006	4/1/2005 through 3/31/2006									$ 150,008.46	$ 150,008.46
Subtotal										$ 150,008.46	$ 150,008.46
7/26/2006	Suppl OK SCA Documents										
8/17/2007 -- Rpt 1	Suppl 6/1/2005 - 5/31/2006	$ 4,699.07	$ 840.54	$ 19,890.00							$ 25,429.61
8/17/2007 -- Rpt 2	6/1/2006 through 5/31/2007	$ 162,646.34	$ 15,695.37	$ 645,547.50							$ 823,889.21
Subtotal		$ 167,345.41	$ 16,535.91	$ 665,437.50							$ 849,318.82
8/24/2007	Mr. Gomez - Vouchers										
8/24/2007-Special Rpt	4/1/2006 through 3/31/2007								$ 14,449.50	$ 172,627.93	$ 187,077.43
7/16/2008 -- Rpt 1	Suppl 6/1/2004 - 5/31/2005			$ 4,680.00							$ 4,680.00
7/16/2008 -- Rpt 2	Suppl 6/1/2005 - 5/31/2006			$ 8,558.00							$ 8,558.00
7/16/2008 -- Rpt 3	Suppl 6/1/2006 - 5/31/2007	$ 6,401.95	$ (2,110.35)	$ 56,555.00							$ 60,846.60
7/16/2008 -- Rpt 4	6/1/2007 through 5/31/2008	$ 53,474.50	$ 7,753.35	$ 213,746.50							$ 274,974.35
Subtotal		$ 59,876.45	$ 5,643.00	$ 283,539.50							$ 349,058.95
7/29/2008	Mr. Gomez - Vouchers										
7/29/2008-Special Rpt	4/1/2007 through 3/31/2008								$ 14,449.50	$ 171,588.29	$ 186,037.79
8/11/2008	Suppl OK SCA Documents										
7/8/2009 - Rpt 1	Suppl 6/1/2005 - 5/31/2006			$ 10,373.00							$ 10,373.00
7/8/2009 - Rpt 2	Suppl 6/1/2006 - 5/31/2007			$ 31,913.75							$ 31,913.75
7/8/2009 - Rpt 3	Suppl 6/1/2007 - 5/31/2008	$ 8,722.04		$ 43,617.75							$ 52,339.79
7/8/2009 - Rpt 4	6/1/2008 through 5/31/2009	$ 34,991.19		$ 134,343.00							$ 169,334.19
Subtotal		$ 43,713.23	$ -	$ 220,247.50							$ 263,960.73
7/10/2009	Mr. Gomez - Vouchers										
7/10/2009-Special Rpt	4/1/2008 through 3/31/2009								$ 12,364.95	$ 146,096.95	$ 158,461.90
6/28/2010 - Rpt 1	Suppl 6/1/2008 - 5/31/2009	$ 13,110.94		$ 52,244.50							$ 65,355.44
6/28/2010 - Rpt 2	6/1/2009 through 5/31/2010	$ 49,303.14	$ 2,548.95	$ 155,595.00							$ 207,447.09
Subtotal		$ 62,414.08	$ 2,548.95	$ 207,839.50							$ 272,802.53
Current - Special Rpt	Mr. Gomez - Vouchers										
Current - Special Rpt	4/1/2009 through 3/31/2010								$ 14,450.00	$ 85,007.19	$ 99,457.19
TOTALS		$ 585,176.92	$ 50,120.73	$ 2,550,266.00	$ -	$ 95,238.00	$ 28,572.00	$ 571,428.00	$ 108,422.79	$ 1,330,837.00	$ 5,320,061.44
TOTAL FOR ATSDR AND EPA IAG SUBMITTED TO DATE				$ 3,185,563.65						$ 2,134,497.79	$ 5,320,061.44
				ATSDR						EPA IAGs	Total
									CDC Indirect	$ 136,994.79	
SCA - State Cooperative Agreement									SCA OK	$ 1,997,503.00	

CUMULATIVE LISTING OF EPA IAG(S) WITH ATSDR FOR TAR CREEK
BLOOD LEAD SCREENING AND HEALTH EDUCATION
DW-75-937840-01
DW-75-938680-01
DW-75-950377-01

AND

COPY OF EPA IAG DW-75-950377-01 MODIFICATION NUMBER 9 (NO COST EXTENSION FOR FISCAL YEAR 2010); COPY OF JUNE 27, 2008, MEMORANDUM FROM EPA REGION 6

	AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY					
	Costs for the period through March 31, 2010					
	for					
	Tar Creek (Ottawa County)					
	Ottawa County, Oklahoma					
	(60BE)					
	Corrects and supercedes previous submissions					
	LIST OF REIMBURSABLE INTERAGENCY AGREEMENTS (IAG) WITH ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR TAR CREEK					
IAG						
# 1	**EPA/IAG Identification Number: DW-75-937840-01-3**					
	Other Agency ID Number: ATSDR-98-0002-02					
	Type of Action: Increase: Augment					
	Project Period: 04/07/1997 to 09/30/1999					
	Budget Period: 06/04/1998 to 09/30/1999					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek (Announcement	ATSDR-98-0002-02 (AT97-006)	$ 95,238.00	$ 4,762.00	$ 100,000.00	
	# 98064 - New Amount)					
		Totals for DW-75-937840-01	**$ 95,238.00**	**$ 4,762.00**	**$ 100,000.00**	
# 2a	**EPA/IAG Identification Number: DW-75-938680-01-0**					
	Other Agency IAG ID Number: ATSDR-99-3035-00					
	Type of Action: New Project					
	Project Period: 01/01/1999 to 09/30/1999					
	Budget Period: 01/01/1999 to 09/30/1999					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 285,714.00	$ 14,286.00	$ 300,000.00	
# 2b	**EPA/IAG Identification Number: DW-75-938680-01-1**					
	Other Agency IAG ID Number: ATSDR-99-3035-01					
	Type of Action: Augmentation: Increase					
	Project Period: 01/01/1999 to 09/30/2000					
	Budget Period: 01/01/1999 to 9/30/2000					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 285,714.00	$ 14,286.00	$ 300,000.00	
		Totals for DW-75-938680-01	**$ 571,428.00**	**$ 28,572.00**	**$ 600,000.00**	
# 3a	**EPA/IAG Identification Number: DW-75-950377-01-0**					
	Other Agency IAG ID Number: ATSDR-01-30-00/AT99-006 and ATSDR-01-3063-00/AT99-006					
	Type of Action: New					
	Project Period: 09/29/1998 to 09/28/2002					
	Budget Period: 09/29/2001 to 09/28/2002					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 285,714.00	$ 14,286.00	$ 300,000.00	
# 3b	**EPA/IAG Identification Number (Procuring Agency IAA #): DW-75-950377-01-1**					
	Other Agency IAG ID Number (ATSDR IAA #): ATSDR-00-3063-01/AT99-R006					
	Type of Action (Type of Agreement): Modification Number 01					
	Project Period: 09/28/1998 through 09/28/2003					
	Budget Period (Funding Period): 10/01/2001 through 9/30/2002					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 190,476.00	$ 9,524.00	$ 200,000.00	
# 3c	**EPA/IAG Identification Number (Procuring Agency IAA #): DW-75-950377-01-3**					
	Other Agency IAG ID Number (ATSDR IAA #): ATSDR-01-3063-03/AT99-R006					
	Type of Action (Type of Agreement): Modification Number 02					
	Project Period: 09/28/1998 through 09/28/2004					
	Budget Period (Funding Period): 09/28/1998 through 9/28/2004					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.45	$ 14,449.55	$ 175,000.00	
# 3d	**EPA/IAG Identification Number (Procuring Agency IAA #): DW-75-950377-01-4**					
	Other Agency IAG ID Number (ATSDR IAA #): ATSDR-01-3063-03/AT99-R006					
	Type of Action (Type of Agreement): Modification Number 04					
	Project Period: 09/28/1998 through 09/28/2005					
	Budget Period (Funding Period): 09/28/1998 through 9/28/2005					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.45	$ 14,449.55	$ 175,000.00	
# 3e	**EPA/IAG Identification Number (Procuring Agency IAA #): DW-75-950377-01-5**					
	Other Agency IAG ID Number (ATSDR IAA #): AT99-R006					
	Type of Action (Type of Agreement): Modification Number 05					
	Project Period: 10/05/1998 through 9/30/2006					
	Budget Period (EPA): 10/05/1998 to 9/28/2006					
	Budget Period (Funding Period): (AT99-R006): 10/01/2004 through 9/30/2005					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00	**(CONTINUED)**

	AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY					
	Costs for the period through March 31, 2010					
	for					
	Tar Creek (Ottawa County)					
	Ottawa County, Oklahoma					
	(60BE)					
	Corrects and supercedes previous submissions					
	LIST OF REIMBURSABLE INTERAGENCY AGREEMENTS (IAG) WITH ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR TAR CREEK					
IAG						
# 3f	**EPA/IAG Identification Number: DW-75-950377-01-6**					
	Other Agency IAG ID Number: AT99-R006					
	Type of Action (Type of Agreement): Augmentation:Increase/Modification Number 06					
	Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education					
	Project Period: 10/05/1998 through 9/28/2007					
	Budget Period (EPA): 10/05/1998 to 9/28/2007					
	Budget Period (Funding Period) (AT99-R006): 10/01/2005 through 09/30/2006					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00	
# 3g	**EPA/IAG Identification Number: DW-75-950377-01-7**					
	Other Agency IAG ID Number: AT99-R006 (DE-75-95037701-7)					
	Type of Action (Type of Agreement): Augmentation:Increase/Modification Number 07					
	Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education					
	This amendment increases funds and extends the budget and project periods through 9/28/2008					
	Project Period: 10/05/1998 to 9/28/2008					
	Budget Period (EPA): 10/05/1998 to 09/28/2008					
	Budget Period (Funding Period): (AT99-R006): 10/01/2006 through 9/30/2007					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00	
# 3h	**EPA/IAG Identification Number: DW-75-950377-01-8**					
	Other Agency IAG ID Number: AT99-R006 (DE-75-95037701-7)					
	Type of Action (Type of Agreement): Augmentation:Increase/Modification Number 08					
	Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education					
	This amendment increases funds and extends the budget and project periods through 9/28/2011					
	Project Period: 10/05/1998 to 9/28/2011					
	Budget Period (EPA): 10/05/1998 to 09/28/2011					
	Budget Period (Funding Period): (AT99-R006): 10/01/2007 through 9/30/2008					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00	
# 3i	**EPA/IAG Identification Number: DW-75-950377-01**					
	Other Agency IAG ID Number: AT99-R006 (DE-75-95037701)					
	Type of Action (Type of Agreement): Modification Number 09					
	Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education					
	No cost extension - This agreement is approved for Fiscal Year 2010 and may continue during Fiscal Year 2011, subject to availability of funds.					
	Project Period: 10/05/1998 to 9/28/2011					
	Budget Period (EPA): 10/05/1998 to 09/28/2011					
	Budget Period (Funding Period): (AT99-R006): 10/01/2009 through 9/30/2010					
	Funding Amount:	ATSDR Id #	Direct	CDC Indirect	Total	
	Tar Creek	AT99-006	$ -	$ -	$ -	
		Totals for DW-75-950377-01	**$ 1,439,492.74**	**$ 110,507.26**	**$ 1,550,000.00**	
		Grand Totals	**$ 2,106,158.74**	**$ 143,841.26**	**$ 2,250,000.00**	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention & Agency for Toxic Substance and Disease Registry

INTER/INTRA-AGENCY AGREEMENT (IAA)

Receivable Agreements (CDC/ATSDR is Performing Work)

1. CDC IAA #: 10-AT99-R006	2. PROCURING AGENCY IAA#: DW-75-950377-01	3. TYPE OF AGREEMENT: ☐ New ☒ Modification ☐ Administrative Modification Number: 09
4. TITLE OF PROJECT: Continuation Of Tar Creek Blood Screening and Health Education		5. Type of Customer ☒ FED ☐ Non-FED ☐ Non-FED Billing

6. DESCRIPTION OF WORK: (*Please attach*)
No cost extension

AMOUNT: (*Not to exceed without written modification*)
$ 0.00

7. NAME AND ADDRESS OF PROCURING AGENCY:
U.S. Environmental Protection Agency - Region 6
Superfund Division (6SF)
1445 Ross Avenue
Dallas, TX 75202-2733

Liaison Name: Ursula Lennox Phone: (214) 665-8362
Email: lennox.ursula@epa.gov Fax:

8. NAME AND ADDRESS OF CDC CENTER, INSTITUTE OR OFFICE:
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway NE, MS F60
Atlanta, GA 30341-3717

Liaison/Project Manager: Jennifer Lyke Phone: (214) 665-8362
Email: Lyke.Jennifer@epa.gov Fax:

9. PROJECT PERIOD:
From: 10/05/1998 Through: 09/28/2011

BUDGET PERIOD:
From: 10/01/2009 Through: 09/30/2010

If agreement is longer than **one year**, the following statement applies and must be included in the agreement narrative: "*This agreement is approved for Fiscal Year 2010 and may continue during Fiscal Year 2011, subject to availability of funds.*"

10. AUTHORITY: (CDC)
☒ Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (*If detail of CDC personnel, justification is required.*)
☐ Other: (*Please specify*)

11. AUTHORITY (*Procuring Agency*):
CLA :Sec.'s 105(A)(4) &115:Executive Order 12580

☒ CDC Standard Overhead (9% will be applied to all reimbursable agreements)
☐ CDC Overhead Waiver granted and approved by FMO Branch Chief

12. CDC FUNDING INFORMATION:
Treasury Symbol/Appropriation: 75-10-0944
Budget Activity: 7811-CC-RF01 (Direct)/-RF02 (CDC OH)
Owning Org. Admin. Code: HJAA
Fund Value: 09300020101RAO
Crosscutting Code: 2C911

CDC ALC 75090421			FISCAL YEAR: 2010	
CDC EIN 586051157				
CAN #1:	921T048	Direct Costs:	$ 0.00	
CAN #2:	N/A	CIO Indirect:	$ 0.00	%
CAN #3:	TBD	CDC Indirect:	$ 0.00	%
		Total:	$ 0.00	

13. PROCURING AGENCY BILLING REQUIREMENTS:
Treasury Symbol/Appropriation: 68-20X8145
ALC: 68010727
EIN: 520852695
DUNS #: 029128894

Billing will be processed through the use of the Intra-Governmental Payment and Collection (IPAC) system.
Billing Frequency: ☐ Monthly ☒ Quarterly
☐ Other:

14. ADDITIONAL BILLING REQUIREMENTS OF THE PROCURING AGENCY: (*Required if needed for invoice payment.*)

15. PROCURING AGENCY BUDGET CONTACT:
Name: Carlene Chambers Phone: (214) 665-3181
Email: Chambers.Carlene@epa.gov Fax:

CIO CONTACT:
Name: Jennifer Lyke Phone: (214) 665-8362

CDC FMO BUDGET CONTACT:
Name: Kurt Linden Phone: (770) 488-0601

16. OTHER REQUIREMENTS
A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.
B. Unless otherwise requested by the procuring agency, CDC will retain title to any equipment procured in order to provide service.

17. CDC ACCEPTANCE: (*Please print*)
Name: Carol H. Aloisio
Title: Director OFAS, NCEH/ATSDR
Email Address: cha2@CDC.GOV
Signature: Michael G. Yorson Date: 10/14/09

18. PROCURING AGENCY ACCEPTANCE: (*Please print*)
Name: Lynda F. Carroll
Title: Assistant Regional Administrator for Management
Email Address: SEE ATTACHED MEMO DATED 6/27/08
Signature: Date:

This agreement may be terminated by either agency upon a 30day advance written notice. This agreement may be modified by mutual written consent of all parties.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

June 27, 2008

OFFICE OF
ADMINISTRATION
AND RESOURCES
MANAGEMENT

MEMORANDUM

SUBJECT: Waiver for Project Duration of IAG DW950377-01, Tar Creek Superfund Site

FROM: Stefan Silzer, Director
National Policy, Training and Compliance Division
Office of Grants and Debarment

TO: Lynda Carroll, Senior Resource Official
Region 6

Samuel Coleman, P.E., Director
Superfund Division (6SF)

I am responding to your request for a waiver from Interagency Agreement Policy Issuance (IPI) 08-02 for Interagency Agreement (IAG) # DW950377-01, Tar Creek Superfund Site. Currently the IAG has a budget and project period from 10/5/1998 to 9/28/2008. The purpose of the waiver request is to allow the budget period and project period to be extended to 9/28/2011.

Background

IPI 08-02, Guidance on Project Period Duration and the Use of New Awards for Interagency Agreements, states the total of all of the project periods of an interagency agreement, including all amendments, may not exceed seven (7) years unless there is a specific regulatory or statutory authorization for a longer project period or a signed waiver from the Director, OGD, or designee, granting an exception (e.g., a waiver for a Superfund Long Term Remedial Action). In response to a written request from the appropriate Senior Resource Official, the OGD Director, or designee, may approve waivers to the guidance on a class or individual basis because of national security concerns, circumstances of unusual or compelling urgency, unique programmatic considerations, or because the waiver would be in the public interest.

Region 6 believes that a waiver is necessary, and a longer project period warranted, because closing this IAG out at this time and establishing a new one, could hinder the County Health Department's effort and cause a financial shortfall and lapse in crucial monitoring efforts.

Furthermore, a tornado touched down and impacted the town of Picher severely on May 10, 2008. Not only were lives lost, and homes destroyed, waste material was significantly scattered in areas previously remediated by EPA.

The Region believes state plans to expedite its relocation efforts, utilizing the existing IAG is the best avenue to pursue for this site.

NPM Recommendation

The Office of Solid Waste and Emergency Response recommends that the waiver request be approved.

ACTION

I have carefully reviewed the waiver request and agree with the Region's assessment that a seven year project period limit is not appropriate for this long-term remedial action due to unique programmatic considerations. Accordingly, I am approving the request. The waiver will allow EPA Region 6 to extend the budget/project period to 9/28/2011.

cc: Howard Corcoran (OGD)
Lucille Liem (OGC)
Jeanne Conklin (NCPTD)
Ellen O'Boyle (NCPTD)
Barbara McDonough (OSWER)
Ursula Lennox (R6)
Brian Berry (R6)

SUMMARY OF EPA IAG FUNDS TO ATSDR

AMOUNTS AWARDED BY ATSDR TO STATE OF OKLAHOMA

DISBURSEMENTS BY HHS/PAYMENT MANAGEMENT SYSTEM TO STATE OF OKLAHOMA

CROSS REFERENCE TO ATSDR COST PACKAGES SUBMITTED TO EPA REGION VI FOR IAG EXPENSES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
Costs for the period through March 31, 2010
Tar Creek (Ottawa County), Ottawa County, Oklahoma (CR Site # 60BE)
Note: Corrects and supercedes previous submissions
SUMMARY OF IAG FUNDS/AMOUNTS AWARDED TO OK/DISBURSEMENTS IN PMS

IAG	IAG number and Amount of Award	CDC Indirect	0ATU686520 Awards to Oklahoma	0ATU686520 Disbursements in PMS	0ATU673204 Awards to Oklahoma	0ATU673204 Disbursements in PMS	U61/TS000063 Awards to Oklahoma	U61/TS000063 Disbursements in PMS	Ending Date of PMS Qty Report by Oklahoma	Indirect Costs Posted to CDC Financial Accounting System	Site Amount	Refer to Documentation Provided in ATSDR Cost Package Dated
# 1	DW-75-937840-01-3	$ 4,762.00								[CDC Indirect not included	$ -	
	$ 100,000.00		$ 95,238.00	$ 2,910.11					12/31/1998	in ATSDR cost package		
				$ 10,776.96					3/31/1999	as confirmation from CDC		
				$ 11,815.21					6/30/1999	not available.]		
				$ 10,077.47					9/30/1999			
				$ 59,658.25					12/31/1999			
	Reported to EPA:	$ -		$ 95,238.00							$ 95,238.00	5/5/2003 - Report II
# 2a	DW-75-968980-01-0	$ 14,286.00								9/30/1999	$ 14,286.00	5/5/2003 - Report III
	$ 300,000.00		$ 285,714.00	$ 3,887.58					12/31/1999 (1)			5/5/2003 - Report III
				$ 43,063.10					5/11/2000 (1)		$ 46,950.68	5/5/2003 - Report III
				$ 51,210.50					6/30/2000			5/5/2003 - Report III
				$ 51,210.50					6/30/2000			5/5/2003 - Report III
				$ (51,210.50)					7/1/2000		$ 51,210.50	5/5/2003 - Report III
				$ 3,500.64					9/30/2000 (2)			5/5/2003 - Report III
				$ 81,254.18					12/31/2000 (2)			5/5/2003 - Report III
				$ 46,634.97					3/31/2001		$ 46,634.97	5/5/2003 - Report III
				$ 45,042.33					6/30/2001 (2)			5/5/2003 - Report III
				$ 11,120.70					9/30/2001 (2)		$ 140,917.85	5/5/2003 - Report III
	Reported to EPA:	$ 14,286.00		$ 285,714.00								
# 2b	DW-75-968980-01-1	$ 14,286.00								9/26/2000	$ 14,286.00	5/5/2003 - Report III
	$ 300,000.00		$ 285,714.00	$ 22,930.33					9/30/2001 (3)			5/5/2003 - Report III
				$ 96,122.63					12/31/2001 (3)		$ 119,052.96	5/5/2003 - Report III
				$ 50,633.42					3/31/2002 (4)			5/5/2003 - Report III
				$ 51,257.91					6/30/2002 (4)		$ 101,891.33	8/21/2003 -Report II
				$ 51,524.56					9/30/2002 (5)			8/21/2003 - Report II
				$ 13,245.15					12/31/2002 (5)		$ 64,769.71	8/21/2003 - Report II
	Reported to EPA:	$ 14,286.00		$ 285,714.00								
# 3a	DW-75-950377-01-0	$ 14,286.00								9/30/2001	$ 14,285.70	8/21/2003- Report III
	$ 300,000.00		$ 285,714.00	$ 75,602.64					12/31/2002 (6)	[Note:($.30) difference		8/21/2003 - Report III
				$ 87,299.92					3/31/2003 (6)	between disbursed		8/21/2003 - Report III
				$ 42,535.64					6/30/2003 (6)	and amount stated	$ 205,438.20	9/25/2003 - Report II
				$ 48,742.39					9/30/2003 (7)	on IAG for CDC Indirect]		9/15/2004 - Report V
				$ 31,533.41					12/31/2003 (7)		$ 80,275.80	9/15/2004 - Report V
	Reported to EPA:	$ 14,285.70		$ 285,714.00								
# 3b	DW-75-950377-01-1	$ 9,524.00								9/24/2002	$ 9,524.30	8/21/2003 - Report III
	$ 200,000.00		$ 190,476.00	$ 9,689.67					12/31/2003	[Note: $.30 difference	$ 9,689.67	9/15/2004 - Report V
				$ 79,688.33					3/31/2004	between disbursed	$ 79,688.33	9/15/2004 -Report V
										and amount stated		
	Reported to EPA:	$ 9,524.30		$ 89,378.00						on IAG for CDC Indirect]		
# 3c	DW-75-950377-01-3	$ 14,449.55								9/9/2003	$ 14,449.34	9/15/2004 - Report V
	$ 175,000.00				$ 160,550.00	$ 34,217.56			12/31/2003	[Note: ($.21) difference	$ 34,217.56	9/15/2004 -Report V
						$ 20,611.48			3/31/2004	between disbursed and	$ 20,611.48	9/15/2004 - Report V
						$ 30,394.38			6/30/2004	amount stated in IAG for	$ 30,394.38	9/9/2005
						$ 40,839.95			9/30/2004	CDC Indirect. ($.45)	$ 40,839.95	9/9/2005
						$ 34,486.63			12/31/2004	difference for direct.]	$ 34,486.63	9/9/2005
	Reported to EPA:	$ 14,449.34				$ 160,550.00						
# 3d	DW-75-950377-01-4	$ 14,449.55								8/3/2004	$ 14,449.50	9/9/2005
	$ 175,000.00				$ 160,550.00	$ 4,732.49			12/31/2004	[Note: ($.05) difference	$ 4,732.49	9/9/2005
						$ 65,133.69			3/31/2005	between disbursed and	$ 65,133.69	9/9/2005
						$ 35,111.36			6/30/2005	amount stated on IAG	$ 35,111.36	7/24/2006
						$ 43,264.88			9/30/2005	for CDC Indirect. ($.45)	$ 43,264.88	7/24/2006
						$ 12,307.58			12/31/2005	difference for direct.]	$ 12,307.58	7/24/2006
	Reported to EPA:	$ 14,449.50				$ 160,550.00						
# 3e	DW-75-950377-01-5	$ 14,449.54								9/12/2006	$ 14,449.50	8/24/2007/Corrected
	$175,000.00				$ 160,550.00	$ 22,950.64			12/31/2005	[Note: ($.46) difference	$ 22,950.64	7/24/2006
						$ 36,374.00			3/31/2006	between disbursed and	$ 36,374.00	7/24/2006
						$ 27,611.65			6/30/2006	amount stated for direct.]	$ 27,611.65	8/24/2007
						$ 36,355.74			9/30/2006		$ 36,355.74	8/24/2007
						$ 37,257.97			12/31/2006		$ 37,257.97	8/24/2007
	Reported to EPA	$ 14,449.50				$ 160,550.00						

# 3f	DW-75-950377-01-6	$ 14,449.54								9/30/2007	$ 14,449.50	7/29/2008
	$175,000.00						$ 160,550.46	$ 8,666.54	9/30/2006		$ 8,666.54	8/24/2007
								$ 23,275.25	12/31/2006		$ 23,275.25	8/24/2007
								$ 39,460.78	3/31/2007		$ 39,460.78	8/24/2007
								$ 34,266.53	6/30/2007		$ 34,266.53	7/29/2008
								$ 40,034.77	9/30/2007		$ 40,034.77	7/29/2008
								$ 14,846.13	12/31/2007		$ 14,846.13	7/29/2008
	Reported to EPA:	$ 14,449.50						$ 160,550.00				
# 3g	DW-75-950377-01-7	$ 14,450.00								9/30/2008	**$ 12,364.95**	**7/10/2009**
	$175,000.00						$ 160,550.00	$ 52,768.41	12/31/2007		$ 52,768.41	7/29/2008
								$ 29,672.45	3/31/2008		$ 29,672.45	7/29/2008
								$ 29,184.43	6/30/2008		$ 29,184.43	7/10/2009
								$ 28,978.85	9/30/2008		$ 28,978.85	7/10/2009
								$ 19,945.86	12/31/2008		$ 19,945.86	7/10/2009
	Reported to EPA:	**$ 12,364.95**						$ 160,550.00				
# 3h	DW-75-950377-01-8	**$ 14,450.00**								Voucher 05113607 - 6/4/2009	**$ 14,450.00**	**Current Submission**
	$175,000.00						$ 160,550.00	$ 24,269.44	12/31/2008		$ 24,269.44	7/10/2009
								$ 43,718.37	3/31/2009		$ 43,718.37	7/10/2009
								$ 34,870.90	**6/30/2009**		**$ 34,870.90**	**Current Submission**
								$ 57,602.27	**9/30/2009**		**$ 57,602.27**	**Current Submission**
								$ (7,465.98)	**12/31/2009**		**$ (7,465.98)**	**Current Submission**
	Reported to EPA:	$ 14,450.00						$ 152,995.00				
TOTALS	$ 2,075,000.00	$ 143,842.18	$ 1,142,856.00	$ 1,041,758.00	$ 481,650.00	$ 481,650.00	$ 481,650.46	$ 474,095.00				
	Reported in cost											
Summary	recovery packages	CDC Indirect		OK SCA		OK SCA		OK SCA	Total OK SCA	Total CDC Indirect+OK SCA		
	to EPA:	$ 136,994.79		$ 1,041,758.00		$ 481,650.00		$ 474,095.00	$ 1,997,503.00	$ 2,134,497.79	$ 2,134,497.79	

CDC = Centers for Disease Control and Prevention
IAG = Interagency Agreements between EPA and ATSDR
OK = Extramural funds provided by ATSDR to Oklahoma State Department of Health
SCA = State Cooperative Agreement between ATSDR and OK
PMS = Health and Human Services Payment Management System

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
Tar Creek (Ottawa County)
Ottawa County, Oklahoma
(60BE)

SUMMARY DETAIL

IAG # 3h **REIMBURSABLE INTERAGENCY AGREEMENT**
EPA/IAG Identification Number: DW-75-950377-01-8
Other Agency IAG ID Number: AT99-R006 (DE-75-95037701-7)
Type of Action (Type of Agreement): Augmentation:Increase/Modification Number 08
Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education
This amendment increases funds and extends the budget and project periods through 9/28/2011
Project Period: 10/05/1998 to 9/28/2011
Budget Period (EPA): 10/05/1998 to 09/28/2011
Budget Period (Funding Period): (AT99-R006): 10/01/2007 through 9/30/2008

Funding Amount:	ATSDR Id #	Direct	CDC Indirect (Note 1)	Total
Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00

(Note 1): Amount retained by Centers for Disease Control and Prevention (CDC) for administrative support services provided to ATSDR for this IAG. CDC used common account number (CAN) 921Z0KH for its indirect costs. CDC provides administrative support services to ATSDR under an interagency agreement. This support includes all processing of ATSDR's financial data.

IAG funds for Tar Creek were provided to Oklahoma State Department of Health through the following:
Notice of ATSDR Cooperative Agreement
Award No. U61/TS000063 (5U61TS000063-03)
Project Period from 09/15/2006 through 09/14/2009
Budget Period from 09/15/2008 through 09/14/2009
Document Number (DOC NUM): UTS000063A
Document Reference Number (DOC REF): 998
Common Accounting Number (CAN): 921T048
Object Code (OC): 4151
Amount of Financial Assistance **$ 160,550.00** (Note 2)

Payment of Cooperative Agreement funds to the Oklahoma State Department of Health (DOH) were made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center HHS, Rockville, Maryland.

Quarterly reports of cash expenditures by award recipient are required by PMS. PMS then electronically submits this information to CDC's financial accounting accounting system. On behalf of ATSDR, CDC periodically bills EPA for reimbursement.

Oklahoma State DOH's PMS/Quarterly Report PSC 272 Reports (per PMS Inquiry)	CDC General Ledger (GL) Posting Date **		Disbursement		
CDC Overhead	Corresponds to	Voucher 05113607	**$ 14,450.00**	**$ 14,450.00**	(Note 3)
			Subtotal	**$ 14,450.00**	
12/31/2008	** 2/27/2009		$ 24,269.44		
3/31/2009	** 6/1/2009		$ 43,718.37	$ 67,987.81	
6/30/2009	**8/28/2009		**$ 34,870.90**		
9/30/2009	**11/30/2009		**$ 57,602.27**		
12/31/2009	**2/28/2010		**$ (7,465.98)**	**$ 85,007.19**	
			Subtotal	$ 152,995.00	
			Grand total	$ 167,445.00	

SUMMARY OF IAG COSTS FOR SITE # 60BE SUBMITTED TO EPA REGION VI:

$ 67,987.81	Included in our letter dated July 10, 2009, reporting costs for the period April 1, 2008, through March 31, 2009
$ 67,987.81	Subtotal (State of Oklahoma)
$ 14,450.00	**Included in Current Submission - Corresponds to Voucher 05113607**
$ 14,450.00	**Sub total (CDC Overhead/Indirect)**
$ 34,870.90	**Included in Current Submission**
$ 57,602.27	**Included in Current Submission**
$ (7,465.98)	**Included in Current Submission**
$ 85,007.19	**Sub total (State of Oklahoma)**
$ 167,445.00	Grand total

(Note 2: ($.46) difference between amount stated on IAG for direct and amount awarded to OK in cooperative agreement)
(Note 3: See separate submission)

HHS PAYMENT MANAGEMENT SYSTEM (PMS) AND CDC FINANCIAL ACCOUNTING SYSTEMS REPORTS

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

INQUIRY: Authorization Transactions Extended DATE: 07/21/2010 TIME: 10:46:05 AM

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*** SEARCH PARAMETERS ***********************************
 GRANT AWARD: UTS000063A
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*ACCT** *PIN* ****EIN***** *****DUNS***** ********Organization Name********
6605G                      143673015      OK ST DEPARTMENT OF HEALTH
HHS-REG: 06 STATE: OK PMT: ACH STOP: N MAN-REV: N 272: File GROUP: F43E USER: VNK5DC
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DOC:UTS000063A           OP DIV:9   AUTH TC's Follow --
T/C RM ************FCO************ ****INC-AUTH***** POST DT  TIME  START DT END DT   ISSUE DT *****EIN**** REF *USER** R P SUFFIX
053 13 2008-921T048-4151                  160,550.00 09/05/08 10:21 09/15/08 09/14/09 09/04/08 1736017987C4 998 VSB1SROBN
050 13 2007-921T048-4151                  160,550.00 10/01/07 17:05 01/01/07 12/31/07 09/28/07 1736017987C4 998         N
050 13 2006-921T048-4141                  160,550.00 08/23/06 18:29 09/01/06 09/01/07 08/21/06 1736017987C4 998         N
                          NET TC:         481,650.00
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THIS DOCUMENT CONTAINS REDACTED INFORMATION

INQUIRY: Disbursement Transactions DATE: 07/21/2010 TIME: 10:47:57 AM

*** SEARCH PARAMETERS **********
GRANT AWARD: UTS000063A
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*ACCT** *PIN* ****EIN***** *****DUNS***** ********Organization Name********
6605G 143673015 OK ST DEPARTMENT OF HEALTH
HHS-REG: 06 STATE: OK PMT: ACH STOP: N MAN-REV: N 272: File GROUP: F43E USER: VNK5DC

DOC:UTS000063A AGY:FHHC921 OLD AGY:921 DISB TC's Follow --

T/C	***ROD****	******INC-AMT*****	******CUM-AMT*****	POST DATE*	*FY*	*******CAN*******	*OC*	****ICN*****
084	12/31/2009	-7,465.98	474,095.00	02/11/2010	2008	921T048	4151	BT-SITE SPEC
084	09/30/2009	57,602.27	481,560.98	11/18/2009	2008	921T048	4151	BT-SITE SPEC
084	06/30/2009	34,870.90	423,958.71	08/17/2009	2008	921T048	4151	BT-SITE SPEC
084	03/31/2009	43,718.37	389,087.81	05/18/2009	2008	921T048	4151	BT-SITE SPEC
084	12/31/2008	24,269.44	345,369.44	02/17/2009	2008	921T048	4151	BT-SITE SPEC
084	12/31/2008	19,945.86	321,100.00	02/17/2009	2007	921T048	4151	BT-SITE SPEC
084	09/30/2008	28,978.85	301,154.14	11/17/2008	2007	921T048	4151	BT-SITE SPEC
084	06/30/2008	29,184.43	272,175.29	08/18/2008	2007	921T048	4151	BT-SITE SPEC
084	03/31/2008	29,672.45	242,990.86	05/16/2008	2007	921T048	4151	BT-SITE SPEC
084	12/31/2007	52,768.41	213,318.41	03/04/2008	2007	921T048	4151	BT-SITE SPEC
084	12/31/2007	14,846.13	160,550.00	03/04/2008	2006	921T048	4141	BT-SITE SPEC
084	09/30/2007	40,034.77	145,703.87	12/12/2007	2006	921T048	4141	BT-SITE SPEC
905	06/30/2007	34,266.53	105,669.10	08/14/2007	2006	921T048	4141	BT-SITE SPEC
905	03/31/2007	39,460.78	71,402.57	06/27/2007	2006	921T048	4141	BT-SITE SPEC
905	12/31/2006	23,275.25	31,941.79	03/05/2007	2006	921T048	4141	BT-SITE SPEC
905	09/30/2006	8,666.54	8,666.54	11/16/2006	2006	921T048	4141	BT-SITE SPEC

Hits: 16

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********** Inquiry Results Complete **********
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REDACTED INFORMATION

Grant Number: U61TS000063-03 FY: 2008 CIO Code: TS Action Date: 09/04/2008 Start Date: 91/52/006

Object Class: 4151 GCA State: OK Congressional District: End Date: 91/42/009

GPC Code: U61 Name: Site Specific Envir Hlth Edu & Monitoring Activities Occurring in the Tar Creek

Recipient	Project Director
OKLAHOMA STATE DEPARTMENT OF HEALTH	
OKLAHOMA STATE DEPT OF HEALTH 1000 N.E. 10TH STREET	OKLAHOMA STATE DEPT OF HEALTH FAMILY HEALTH SERVICES 1(
OKLAHOMA CITY OK 731171299 ( ) -	OKLAHOMA CITY OK 731171299 ((40)5) -271-

Contact:

GCA Desc.: PROT. HEALTH SERVICES REGARDING HAZARDOUS SUBSTANCES

Project Officer: Richard Sullivan

Budgeted: $0.00 Carryover: $0.00 FA Amount: $160,550.00

Award: $0.00 Nonfederal Share: $0.00 DA Recording: $0.00

Date	Amend #	Admin Code	CAN	Announcement#	FA	Amount
09/04/2008	0		8921T048	TS06-602	✓	$160,550.00
				Total		$160,550.00

Grand Total $160,550.00

FY	CAN	Object Class	Document Number	Doc Ref	Posted Date	Trx Source	Commitments	YTD Obligations			Admin Code	Cross Cutting	Budget Activity
								Undelivered Orders	Expended Approp	Disbursements			
2008	921T048	4151	UTS000063A	998	10/15/2008	UFMS	0.00	35,497.52	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	10/15/2008	UFMS	0.00	0.00	0.00	(35,497.52)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	12/01/2008	UFMS	0.00	(19,044.61)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	12/01/2008	UFMS	0.00	19,044.61	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/01/2009	UFMS	0.00	14,361.75	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/01/2009	UFMS	0.00	(14,361.75)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/02/2009	UFMS	0.00	0.00	0.00	38,914.15	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/02/2009	UFMS	0.00	(38,914.15)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/02/2009	UFMS	0.00	691.04	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/02/2009	UFMS	0.00	(691.04)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/12/2009	UFMS	0.00	38,914.15	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/12/2009	UFMS	0.00	0.00	0.00	(38,914.15)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/27/2009	UFMS	0.00	(24,269.44)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/27/2009	UFMS	0.00	0.00	0.00	24,269.44	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	03/02/2009	UFMS	0.00	14,803.33	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	03/02/2009	UFMS	0.00	(14,803.33)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2009	UFMS	0.00	11,720.92	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2009	UFMS	0.00	(39,071.88)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2009	UFMS	0.00	0.00	0.00	39,071.88	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2009	UFMS	0.00	(11,720.92)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/13/2009	UFMS	0.00	39,071.88	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/13/2009	UFMS	0.00	0.00	0.00	(39,071.88)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	05/01/2009	UFMS	0.00	(1,427.57)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	05/01/2009	UFMS	0.00	1,427.57	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2009	UFMS	0.00	(10,531.97)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2009	UFMS	0.00	(43,718.37)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2009	UFMS	0.00	10,531.97	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2009	UFMS	0.00	0.00	0.00	43,718.37	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2009	UFMS	0.00	2,583.26	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2009	UFMS	0.00	(2,583.26)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/02/2009	UFMS	0.00	0.00	0.00	22,794.86	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/02/2009	UFMS	0.00	(22,794.86)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/08/2009	UFMS	0.00	22,794.86	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/08/2009	UFMS	0.00	(22,794.86)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/08/2009	UFMS	0.00	0.00	0.00	22,794.86	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/08/2009	UFMS	0.00	0.00	0.00	(22,794.86)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/24/2009	UFMS	0.00	22,794.86	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/24/2009	UFMS	0.00	0.00	0.00	(22,794.86)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/24/2009	UFMS	0.00	22,794.86	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/24/2009	UFMS	0.00	0.00	0.00	(22,794.86)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/29/2009	UFMS	0.00	(22,794.86)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/29/2009	UFMS	0.00	0.00	0.00	22,794.86	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	08/03/2009	UFMS	0.00	(2,356.26)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
					TOTALS:		0.00	(78,803.53)	0.00	78,803.53			

Total number of records: 52

Click on to see the Feeder systems data.

YTD Obligations: $0.00

As of Date: 07/21/2010 11:11

FY	CAN	Object Class	Document Number	Doc Ref	Posted Date	Trx Source	Commitments	YTD Obligations			Admin Code	Cross Cutting	Budget Activity
								Undelivered Orders	Expended Approp	Disbursements			
2008	921T048	4151	UTS000063A	998	08/03/2009	UFMS	0.00	2,356.26	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	08/28/2009	UFMS	0.00	(34,870.90)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	08/28/2009	UFMS	0.00	0.00	0.00	34,870.90	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/02/2009	UFMS	0.00	(45,206.48)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/02/2009	UFMS	0.00	45,206.48	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/30/2009	UFMS	0.00	(10,486.23)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/30/2009	UFMS	0.00	(11,442.34)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/30/2009	UFMS	0.00	10,486.23	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	09/30/2009	UFMS	0.00	0.00	0.00	11,442.34	HJAA	2C911	7811-CC-RF-01

Total number of records: 52

Click on to see the Feeder systems data.

TOTALS: 0.00 (78,803.53) 0.00 78,803.53

YTD Obligations: $0.00

As of Date: 07/21/2010 11:11

CAN: 921T048 FY: 2008 Object Class: 4151 Appropriation ID: 75-08-0944

Fund: 09300020081RA0 Cross Cutting: 2C911 Doc Num: UTS000063A

Admin: HJAA Budget Activity: 7811CCRF01 Doc Ref Num: 998

Feeder Transmit	GL Posted Date	Commitment Amount	Undelivered Orders	Expended Appropriation	Disbursed Amount	Transaction Source	UFMS Journal Entry Source	UFMS Journal Entry Category	Line Number	Schedule Number	SGL Account
10/15/2008	10/15/2008	0.00	0.00	0.00	(35,497.52)	UFMS	HHS Grants	HHS Grant Accruals	6	0000000000	490201
10/15/2008	10/15/2008	0.00	35,497.52	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	4	0000000000	480201
12/01/2008	12/01/2008	0.00	19,044.61	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	8	0000000000	480201
12/01/2008	12/01/2008	0.00	(19,044.61)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480101
01/01/2009	01/01/2009	0.00	14,361.75	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
01/01/2009	01/01/2009	0.00	(14,361.75)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
01/02/2009	01/02/2009	0.00	0.00	0.00	38,914.15	UFMS	HHS Grants	HHS Grant Accruals	6	0000000000	490201
01/02/2009	01/02/2009	0.00	(38,914.15)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	4	0000000000	480201
02/02/2009	02/02/2009	0.00	(691.04)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
02/02/2009	02/02/2009	0.00	691.04	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
02/12/2009	02/12/2009	0.00	0.00	0.00	(38,914.15)	UFMS	HHS Grants	HHS Grant Accruals	6	0000000000	490201
02/12/2009	02/12/2009	0.00	38,914.15	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	4	0000000000	480201
02/27/2009	02/27/2009	0.00	0.00	0.00	24,269.44	UFMS	HHS Grants	HHS Grant Expenditures	6	0000000000	490201
02/27/2009	02/27/2009	0.00	(24,269.44)	0.00	0.00	UFMS	HHS Grants	HHS Grant Expenditures	4	0000000000	480201
03/02/2009	03/02/2009	0.00	14,803.33	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
03/02/2009	03/02/2009	0.00	(14,803.33)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
04/01/2009	04/01/2009	0.00	0.00	0.00	39,071.88	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
04/01/2009	04/01/2009	0.00	(39,071.88)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
04/01/2009	04/01/2009	0.00	11,720.92	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
04/01/2009	04/01/2009	0.00	(11,720.92)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
04/13/2009	04/13/2009	0.00	0.00	0.00	(39,071.88)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
04/13/2009	04/13/2009	0.00	39,071.88	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
05/01/2009	05/01/2009	0.00	1,427.57	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
05/01/2009	05/01/2009	0.00	(1,427.57)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
06/01/2009	06/01/2009	0.00	0.00	0.00	43,718.37	UFMS	HHS Grants	HHS Grant Expenditures	3	0000000000	490201
06/01/2009	06/01/2009	0.00	(43,718.37)	0.00	0.00	UFMS	HHS Grants	HHS Grant Expenditures	2	0000000000	480201
06/01/2009	06/01/2009	0.00	10,531.97	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
06/01/2009	06/01/2009	0.00	(10,531.97)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
07/01/2009	07/01/2009	0.00	2,583.26	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
07/01/2009	07/01/2009	0.00	(2,583.26)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
07/02/2009	07/02/2009	0.00	0.00	0.00	22,794.86	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/02/2009	07/02/2009	0.00	(22,794.86)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
07/08/2009	07/08/2009	0.00	0.00	0.00	(22,794.86)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/08/2009	07/08/2009	0.00	0.00	0.00	22,794.86	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/08/2009	07/08/2009	0.00	(22,794.86)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
07/08/2009	07/08/2009	0.00	22,794.86	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
Totals:		$0.00	($78,803.53)	$0.00	$78,803.53						

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YTD Obligations: $0.00

YTD Obligations = Undelivered Orders + Expended Appropriation + Disbursements

CAN: 921T048 FY: 2008 Object Class: 4151 Appropriation ID: 75-08-0944

Fund: 09300020081RA0 Cross Cutting: 2C911 Doc Num: UTS000063A

Admin: HJAA Budget Activity: 7811CCRF01 Doc Ref Num: 998

Feeder Transmit	GL Posted Date	Commitment Amount	Undelivered Orders	Expended Appropriation	Disbursed Amount	Transaction Source	UFMS Journal Entry Source	UFMS Journal Entry Category	Line Number	Schedule Number	SGL Account
07/24/2009	07/24/2009	0.00	0.00	0.00	(22,794.86)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/24/2009	07/24/2009	0.00	0.00	0.00	(22,794.86)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/24/2009	07/24/2009	0.00	22,794.86	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480201
07/24/2009	07/24/2009	0.00	22,794.86	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480201
07/29/2009	07/29/2009	0.00	0.00	0.00	22,794.86	UFMS	HHS Grants	HHS Grant Accruals	7359	0000000000	490201
07/29/2009	07/29/2009	0.00	(22,794.86)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	29126	0000000000	480201
08/03/2009	08/03/2009	0.00	2,356.26	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
08/03/2009	08/03/2009	0.00	(2,356.26)	0.00	0.00	UFMS	HHS Grants	HHS Grant Obligations	2	0000000000	480101
08/28/2009	08/28/2009	0.00	0.00	0.00	34,870.90	UFMS	HHS Grants	HHS Grant Expenditures	3	0000000000	490201
08/28/2009	08/28/2009	0.00	(34,870.90)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480201
09/02/2009	09/02/2009	0.00	45,206.48	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
09/02/2009	09/02/2009	0.00	(45,206.48)	0.00	0.00	UFMS	HHS Grants	HHS Grant Obligations	2	0000000000	480101
10/01/2009	09/30/2009	0.00	0.00	0.00	11,442.34	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
10/01/2009	09/30/2009	0.00	(11,442.34)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
10/01/2009	09/30/2009	0.00	10,486.23	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
10/01/2009	09/30/2009	0.00	(10,486.23)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
Totals:		$0.00	($78,803.53)	$0.00	$78,803.53						

Wednesday, Jul 21, 2010 11:11 AM

YTD Obligations: $0.00

YTD Obligations = Undelivered Orders + Expended Appropriation + Disbursements

FY	CAN	Object Class	Document Number	Doc Ref	Posted Date	Trx Source	Commitments	YTD Obligations			Admin Code	Cross Cutting	Budget Activity
								Undelivered Orders	Expended Approp	Disbursements			
2008	921T048	4151	UTS000063A	998	10/14/2009	UFMS	0.00	0.00	0.00	(11,442.34)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	10/14/2009	UFMS	0.00	11,442.34	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	11/02/2009	UFMS	0.00	16,934.89	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	11/02/2009	UFMS	0.00	(16,934.89)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	11/30/2009	UFMS	0.00	(57,602.27)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	11/30/2009	UFMS	0.00	0.00	0.00	57,602.27	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	12/01/2009	UFMS	0.00	11,748.28	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	12/01/2009	UFMS	0.00	(11,748.28)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/02/2010	UFMS	0.00	(35.49)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/02/2010	UFMS	0.00	35.49	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/04/2010	UFMS	0.00	(19.08)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/04/2010	UFMS	0.00	0.00	0.00	19.08	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/13/2010	UFMS	0.00	19.08	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	01/13/2010	UFMS	0.00	0.00	0.00	(19.08)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/28/2010	UFMS	0.00	7,465.98	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/28/2010	UFMS	0.00	7,519.50	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/28/2010	UFMS	0.00	(7,519.50)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	02/28/2010	UFMS	0.00	0.00	0.00	(7,465.98)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2010	UFMS	0.00	(51.88)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/01/2010	UFMS	0.00	51.88	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/02/2010	UFMS	0.00	0.00	0.00	2,081.86	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/02/2010	UFMS	0.00	(2,081.86)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/15/2010	UFMS	0.00	2,081.86	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	04/15/2010	UFMS	0.00	0.00	0.00	(2,081.86)	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	05/01/2010	UFMS	0.00	(2,333.08)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	05/01/2010	UFMS	0.00	2,333.08	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2010	UFMS	0.00	2,251.34	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	06/01/2010	UFMS	0.00	(2,251.34)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2010	UFMS	0.00	0.00	0.00	1,710.95	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2010	UFMS	0.00	(1,710.95)	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2010	UFMS	0.00	30.54	0.00	0.00	HJAA	2C911	7811-CC-RF-01
2008	921T048	4151	UTS000063A	998	07/01/2010	UFMS	0.00	(30.54)	0.00	0.00	HJAA	2C911	7811-CC-RF-01

Total number of records: 32

Click on to see the Feeder systems data.

TOTALS: 0.00 (40,404.90) 0.00 40,404.90

YTD Obligations: $0.00

As of Date: 07/21/2010 11:12

CAN: 921T048 FY: 2008 Object Class: 4151 Appropriation ID: 75-08-0944

Fund: 09300020081RA0 Cross Cutting: 2C911 Doc Num: UTS000063A

Admin: HJAA Budget Activity: 7811CCRF01 Doc Ref Num: 998

Feeder Transmit	GL Posted Date	Commitment Amount	Undelivered Orders	Expended Appropriation	Disbursed Amount	Transaction Source	UFMS Journal Entry Source	UFMS Journal Entry Category	Line Number	Schedule Number	SGL Account
10/14/2009	10/14/2009	0.00	0.00	0.00	(11,442.34)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
10/14/2009	10/14/2009	0.00	11,442.34	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
11/02/2009	11/02/2009	0.00	16,934.89	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
11/02/2009	11/02/2009	0.00	(16,934.89)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
11/30/2009	11/30/2009	0.00	0.00	0.00	57,602.27	UFMS	HHS Grants	HHS Grant Expenditures	3	0000000000	490201
11/30/2009	11/30/2009	0.00	(57,602.27)	0.00	0.00	UFMS	HHS Grants	HHS Grant Expenditures	2	0000000000	480201
12/01/2009	12/01/2009	0.00	11,748.28	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
12/01/2009	12/01/2009	0.00	(11,748.28)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
01/02/2010	01/02/2010	0.00	35.49	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
01/02/2010	01/02/2010	0.00	(35.49)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
01/04/2010	01/04/2010	0.00	0.00	0.00	19.08	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
01/04/2010	01/04/2010	0.00	(19.08)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
01/13/2010	01/13/2010	0.00	0.00	0.00	(19.08)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
01/13/2010	01/13/2010	0.00	19.08	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
02/28/2010	02/28/2010	0.00	0.00	0.00	(7,465.98)	UFMS	HHS Grants	HHS Grant Expenditures	3	0000000000	490201
02/28/2010	02/28/2010	0.00	7,465.98	0.00	0.00	UFMS	HHS Grants	HHS Grant Expenditures	2	0000000000	480201
02/28/2010	02/28/2010	0.00	(7,519.50)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
02/28/2010	02/28/2010	0.00	7,519.50	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
04/01/2010	04/01/2010	0.00	51.88	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
04/01/2010	04/01/2010	0.00	(51.88)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
04/02/2010	04/02/2010	0.00	0.00	0.00	2,081.86	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
04/02/2010	04/02/2010	0.00	(2,081.86)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
04/15/2010	04/15/2010	0.00	0.00	0.00	(2,081.86)	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
04/15/2010	04/15/2010	0.00	2,081.86	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
05/01/2010	05/01/2010	0.00	(2,333.08)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
05/01/2010	05/01/2010	0.00	2,333.08	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
06/01/2010	06/01/2010	0.00	2,251.34	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
06/01/2010	06/01/2010	0.00	(2,251.34)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
07/01/2010	07/01/2010	0.00	0.00	0.00	1,710.95	UFMS	HHS Grants	HHS Grant Accruals	3	0000000000	490201
07/01/2010	07/01/2010	0.00	(1,710.95)	0.00	0.00	UFMS	HHS Grants	HHS Grant Accruals	2	0000000000	480201
07/01/2010	07/01/2010	0.00	30.54	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	4	0000000000	480201
07/01/2010	07/01/2010	0.00	(30.54)	0.00	0.00	UFMS	HHS Grants	HHS Grant Advances	2	0000000000	480101
Totals:		$0.00	($40,404.90)	$0.00	$40,404.90						

Wednesday, Jul 21, 2010 11:12 AM

YTD Obligations: $0.00

YTD Obligations = Undelivered Orders + Expended Appropriation + Disbursements

STATE OF OKLAHOMA COOPERATIVE AGREEMENT EXPENDITURES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

STATE COOPERATIVE AGREEMENT EXPENDITURES

Oklahoma State Department of Health
Financial Management Service

Program to Build Capacity to Conduct Site-Specific Environmental Health Education Monitoring Activities

Costs for the period April 1, 2009, through March 31, 2010

for

TAR CREEK (OTTAWA COUNTY) (OU2) RESIDENTIAL AREAS
Ottawa County, Oklahoma
EPA Facility No. OKD980629844
(60BE)

These costs are limited to cooperative agreement disbursements reported by the Oklahoma State Department of Health in their quarterly PSC 272 Reports to the Health and Human Services (HHS), Division of Payment Management (DPM), Payment Management System (PMS) through the period ending December 31, 2009, because no report was available in the PMS for quarter ending March 31, 2009.

These costs were reported as follows:

EPA IAA (IAG) No. DW-75-950377-01-8 (State Cooperative Agreement U61/TS000063)		
Quarter ending 6/30/2009	$34,870.90	
Quarter ending 9/30/2009	$57,602.27	
Quarter ending 12/31/2009	($7,465.98)	$ 85,007.19
Total		$85,007.19

DOCUMENTATION:

COPY OF TWO SPREADSHEETS:

- SUMMARY OF OKLAHOMA STATE DEPARTMENT OF HEALTH, COOPERATIVE AGREEMENT COSTS FUNDED VIA IAG(s) BETWEEN EPA AND ATSDR, REPORTED THROUGH THE PERIOD ENDING MARCH 31, 2010.
- SUMMARY DETAIL: EPA/IAG NUMBER DW-75-950377-01-8, ATSDR AWARD NO. UTS000063A (5U61TS000063-03) TO STATE OF OKLAHOMA, HHS/PMS QUARTERLY REPORTS BY STATE OF OKLAHOMA.

COPY OF COST DOCUMENTATION SUBMITTED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH FOR THE PERIODS 4/1/2009, TO 5/31/2009, AND 6/1/2009, TO 3/31/2010 FOR ATSDR AWARD NO. U61/TS000063.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
Additional Costs for the period April 1, 2009, through March 31, 2010
for
Tar Creek (Ottawa County)
Ottawa County, Oklahoma
(60BE)

Oklahoma State Department of Health Cooperative Agreement Costs funded via IAGs between EPA and ATSDR
Additional IAG costs for the period April 1, 2009, through March 31, 2010 included in this update:

IAG	IAG Number	PMS/Quarterly Report of Cash Expenditures (Per PMS Report for Quarter Ending)	CDC General Ledger (GL) Posting Date *	PMS Schedule Number		OK Coop Agrmt Amount of Disbursement	Total Reported	ATSDR Cost Package Current Update
# 3h	DW-75-950377-01-8	6/30/2009	*8/28/2009	*CDC GL Posting Date		$ 34,870.90		
	DW-75-950377-01-8	9/30/2009	*11/30/2009	*CDC GL Posting Date		$ 57,602.27		
	DW-75-950377-01-8	12/31/2009	*2/28/2010	*CDC GL Posting Date	**(See Note 1)**	$ (7,465.98)		
	Total additional costs 4/1/2009 through 3/31/2010 included in current submission:					$ 85,007.19	$ 85,007.19	
	Grand total of additional IAG costs for the period April 1, 2009, through March 31, 2010 included in current update:					**$ 85,007.19**	**$ 85,007.19**	**$ 85,007.19**

Additional Amount Reported by Oklahoma State Department of Health in Cost Recovery Package submitted for the period April 1, 2009, through March 31, 2010:

Period	Personnel	Fees	Travel	Equipment	Other	Indirect	Total
4/1/2009 - 5/31/2009	$ 15,622.41	$ 1,344.22	$ 528.71	$ 1.21	$ 6,643.60	$ 2,044.13	$ 26,184.28
6/1/2009 - 03/31/2010	$ 77,881.60	$ 2,473.35	$ 824.01	$ 76.67	$ 41,700.24	$ 9,943.21	$ 132,899.08
							$ 159,083.36

Amount of Oklahoma State Department of Health Costs Reported by ATSDR was limited to PMS Inquiry: Disbursement Transactions:

# 3h	Interagency Agreement #	DW-75-950377-01-8		$ 85,007.19
		Total amount of additional IAG costs included in current update		**$ 85,007.19**
		Difference		$ (74,076.17)

Grand Total of Oklahoma State Department of Health Cooperative Agreement Costs funded by EPA/IAGs Reported for the period through March 31, 2010

Amount reported by Oklahoma State Department of Health through 3/31/2002:	$ 570,022.14	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2002 - 3/31/2003:	$ 320,725.80	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2003 - 6/30/2003:	$ 51,288.00	
Additional amount reported by Oklahoma State Department of Health for the period 7/1/2003 - 9/28/2003:	$ 97,521.38	
Additional amount reported by Oklahoma State Department of Health for the period 9/15/2003 - 3/31/2004:	$ 76,027.98	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2004 - 5/31/2004:	$ 23,660.35	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2004 - 3/31/2005:	$ 171,365.89	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2005 - 5/31/2005:	$ 38,265.39	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2005 - 3/31/2006:	$ 159,069.59	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2006 - 5/31/2006:	$ 27,923.57	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2006 - 8/31/2006:	$ 60,713.64	
Additional amount reported by Oklahoma State Department of Health for the period 9/1/2006 - 3/31/2007:	$ 104,755.59	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2007 - 5/31/2007:	$ 31,647.33	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2007 - 3/31/2008:	$ 161,514.09	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2008 - 5/31/2008:	$ 26,184.28	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2008 - 3/31/2009:	$ 132,899.08	
Additional amount reported by Oklahoma State Department of Health for the period 4/1/2009 - 5/31/2009:	$ 26,184.28	
Additional amount reported by Oklahoma State Department of Health for the period 6/1/2009 - 3/31/2010:	$ 132,899.08	
Total Amounts Reported by Oklahoma State Department of Health through 3/31/2010	$ 2,212,667.46	
Amount reported by ATSDR through 3/31/2002 limited to PMS Inquiry: Disbursement Transactions	$ 550,638.38	Refer to ATSDR cost package dated 5/5/2003
Additional amount reported by ATSDR for the period 4/1/2002 - 3/31/2003 limited to PMS Inquiry	$ 278,930.18	Refer to ATSDR cost package dated 8/21/2003
Additional amount reported by ATSDR for the period 4/1/2003 - 6/30/2003 limited to PMS Inquiry	$ 42,535.64	Refer to ATSDR cost package dated 9/25/2003
Additional amount reported by ATSDR for the period 7/1/2003 - 3/31/2004 limited to PMS Inquiry	$ 224,482.84	*Refer to ATSDR cost package dated 9/15/2004*
Additional amount reported by ATSDR for the period 4/1/2004 - 3/31/2005 limited to PMS Inquiry	$ 175,587.14	Refer to ATSDR cost package dated 9/9/2005
Additional amount reported by ATSDR for the period 4/1/2005 - 3/31/2006 limited to PMS Inquiry	$ 150,008.46	Refer to ATSDR cost package dated 7/24/2006
Additional amount reported by ATSDR for the period 4/1/2006 - 3/31/2007 limited to PMS Inquiry	$ 172,627.93	Refer to ATSDR cost package dated 8/24/2007
Additional amount reported by ATSDR for the period 4/1/2007 - 3/31/2008 limited to PMS Inquiry	$ 171,588.29	Refer to ATSDR cost package dated 7/29/2008
Additional amount reported by ATSDR for the period 4/1/2008 - 3/31/2009 limited to PMS Inquiry	$ 146,096.95	Refer to ATSDR cost package dated 7/10/2009
Additional amount reported by ATSDR for the period 4/1/2009 - 12/31/2009 limited to PMS Inquiry (Note 1)	**$ 85,007.19**	**Current submission**
Total Amounts Reported by ATSDR limited to PMS Inquiry: Disbursement Transactions:	$ 1,997,503.00	
Unreported Difference between Oklahoma and PMS Inquiry:	$ (215,164.46)	

Note 1: No report available in PMS system for quarter ending 3/31/2010.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
Tar Creek (Ottawa County)
Ottawa County, Oklahoma
(60BE)

SUMMARY DETAIL

IAG # 3h **REIMBURSABLE INTERAGENCY AGREEMENT**

EPA/IAG Identification Number: DW-75-950377-01-8
Other Agency IAG ID Number: AT99-R006 (DE-75-95037701-7)
Type of Action (Type of Agreement): Augmentation:Increase/Modification Number 08
Project Title: Continuation of Tar Creek Blood Lead Screening and Health Education
This amendment increases funds and extends the budget and project periods through 9/28/2011
Project Period: 10/05/1998 to 9/28/2011
Budget Period (EPA): 10/05/1998 to 09/28/2011
Budget Period (Funding Period): (AT99-R006): 10/01/2007 through 9/30/2008

Funding Amount:	ATSDR Id #	Direct	CDC Indirect (Note 1)	Total
Tar Creek	AT99-006	$ 160,550.46	$ 14,449.54	$ 175,000.00

(Note 1): Amount retained by Centers for Disease Control and Prevention (CDC) for administrative support services provided to ATSDR for this IAG. CDC used common account number (CAN) 921Z0KH for its indirect costs. CDC provides administrative support services to ATSDR under an interagency agreement. This support includes all processing of ATSDR's financial data.

IAG funds for Tar Creek were provided to Oklahoma State Department of Health through the following:

Notice of ATSDR Cooperative Agreement
Award No. U61/TS000063 (5U61TS000063-03)
Project Period from 09/15/2006 through 09/14/2009
Budget Period from 09/15/2008 through 09/14/2009
Document Number (DOC NUM): UTS000063A
Document Reference Number (DOC REF): 998
Common Accounting Number (CAN): 921T048
Object Code (OC): 4151
Amount of Financial Assistance **$ 160,550.00** (Note 2)

Payment of Cooperative Agreement funds to the Oklahoma State Department of Health (DOH) were made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center HHS, Rockville, Maryland.

Quarterly reports of cash expenditures by award recipient are required by PMS. PMS then electronically submits this information to CDC's financial accounting accounting system. On behalf of ATSDR, CDC periodically bills EPA for reimbursement.

Oklahoma State DOH's PMS/Quarterly Report PSC 272 Reports (per PMS Inquiry)	CDC General Ledger (GL) Posting Date **		Disbursement		
CDC Overhead	Corresponds to	Voucher 05113607	**$ 14,450.00**	**$ 14,450.00**	(Note 3)
			Subtotal	**$ 14,450.00**	
12/31/2008	** 2/27/2009		$ 24,269.44		
3/31/2009	** 6/1/2009		$ 43,718.37	$ 67,987.81	
6/30/2009	**8/28/2009		**$ 34,870.90**		
9/30/2009	**11/30/2009		**$ 57,602.27**		
12/31/2009	**2/28/2010		**$ (7,465.98)**	**$ 85,007.19**	
			Subtotal	$ 152,995.00	
			Grand total	$ 167,445.00	

SUMMARY OF IAG COSTS FOR SITE # 60BE SUBMITTED TO EPA REGION VI:

$ 67,987.81	Included in our letter dated July 10, 2009, reporting costs for the period April 1, 2008, through March 31, 2009
$ 67,987.81	Subtotal (State of Oklahoma)
$ 14,450.00	**Included in Current Submission - Corresponds to Voucher 05113607**
$ 14,450.00	**Sub total (CDC Overhead/Indirect)**
$ 34,870.90	**Included in Current Submission**
$ 57,602.27	**Included in Current Submission**
$ (7,465.98)	**Included in Current Submission**
$ 85,007.19	**Sub total (State of Oklahoma)**
$ 167,445.00	Grand total

(Note 2: ($.46) difference between amount stated on IAG for direct and amount awarded to OK in cooperative agreement)
(Note 3: See separate submission)

COPY OF COST DOCUMENTATION SUBMITTED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH

Oklahoma State Department of Health
Creating a State of Health

June 17, 2010

Betty Jones
Cost Recovery Team Leader
1600 Clifton Road
Mail Stop E-28 (OPOM)
Atlanta, Georgia 30333

RE: Tar Creek Documentation Requested for Cost Recovery (4/01/2009 to 3/31/2010)

Dear Ms. Jones,

In response to your request for Cost Recovery documentation I am sending you the enclosed information. This information covers the period 4/01/2009 to 3/31/2010 for the Program to Build Capacity to Conduct Site-Specific Environmental Health Education Monitoring Activities.

You requested information on sites 60JW and 60BE. We do not have any costs to report for site 60JW. All of the costs reported are for site 60BE. You also requested the costs for grant award numbers U50/ATU686520, ATU673204 and U61/TS000063. During this reporting period we only have costs for grant award U61/TS000063. I have separated our expenditures according to your requested time periods: (1) April 1, 2009, through May 31, 2009 and (2) June 1, 2009 through March 31, 2010, which is our most current month available.

If you have any additional question regarding the documentation provided please feel free to contact me at (405) 271-4042.

Respectfully,

Lytle Caldwell
Grants Supervisor
Accounting Service

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Cc: Steve Ronck, Deputy Commissioner of Community & Family Health Services
Brenda Potts, Financial Director of Community Health Services
John Corpolongo, Chief of Early Intervention Sooner Start

Commissioner of Health
Terry L Cline, PhD

Board of Health
Barry L Smith, JD, President
Michael D Anderson, PhD
Alfred Baldwin, Jr
Jenny Alexopulos, DO, Vice President
Cris Hart-Wolfe
Kenneth R Miller, MD
R Murali Krishna, MD, Secretary-Treasurer
Michael L Morgan, DDS
Ann A Warn, MD

1000 NE 10TH St
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer

TOTAL COSTS
U61/TS000063-01
04/01/2009 to 05/31/2009

Personnel	$ 15,622.41
Fees	1,344.22
Travel	528.71
Equipment	1.21
Other	6,643.60
IDC	2,044.13
Total	$ 26,184.28

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

TOTAL PERSONNEL COSTS

04/01/2009 to 05/31/2009

TE005		13,834.16
PGM 301		1,788.25
Sub-Total		15,622.41
Adjustments to TE005		-
Total Personnel	$	15,622.41

TE005 are the direct costs and PGM 301 are the allocated costs. PGM 301 is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Period: 09/15/2008 TO 09/14/2009
Grant Number: 5U61TS000063-03
Program Code: 391

Year\Mont	TE009 On-Salary	TE009 On-Fringe	TE009 Off-Salary	TE009 Off-Fringe	PGM 244 On-Salary	PGM 244 On-Fringe	PGM 244 Off-Salary	PGM 244 Off-Fringe
200809	474.69	157.74	2,812.68	1,517.58	0.00	0.00	0.00	0.00
200810	319.47	101.93	3,277.17	1,596.65	0.00	0.00	0.00	0.00
200811	496.93	167.98	2,825.07	1,531.33	0.00	0.00	0.00	0.00
200812	379.10	120.95	4,304.27	2,104.30	0.00	0.00	0.00	0.00
200901	520.72	173.04	3,796.71	2,222.78	0.00	0.00	0.00	0.00
200902	644.01	191.91	4,358.99	2,381.00	0.00	0.00	0.00	0.00
200903	376.78	125.21	4,466.40	2,433.87	0.00	0.00	0.00	0.00
200904	419.11	139.27	4,359.87	2,410.91	0.00	0.00	0.00	0.00
200905	524.96	174.45	3,669.00	2,136.59	0.00	0.00	0.00	0.00
200906	377.27	129.19	4,199.59	2,229.20	0.00	0.00	0.00	0.00
200907	342.91	117.29	5,002.07	2,671.20	0.00	0.00	0.00	0.00
200908	402.19	137.57	6,027.67	2,813.24	0.00	0.00	0.00	0.00
200909	296.34	101.36	4,592.49	2,582.53	0.00	0.00	0.00	0.00
Total	**5,574.48**	**1,837.89**	**53,691.98**	**28,631.18**	**0.00**	**0.00**	**0.00**	**0.00**

944.07 313.72 8028.87 4547.50 13,834.16

Year\Mont	PGM301 On-Salary	PGM301 On-Fringe	PGM301 Off-Salary	PGM301 Off-Fringe	TOTAL On-Salary	TOTAL On-Fringe	TOTAL Off-Salary	TOTAL Off-Fringe	Total Salary	Total Fringe
200809	28.13	11.26	455.26	201.73	502.82	169.00	3,267.94	1,719.31	3,770.76	1,888.31
200810	20.56	7.99	405.19	171.92	340.03	109.92	3,682.36	1,768.57	4,022.39	1,878.49
200811	32.33	13.32	418.79	173.25	529.26	181.30	3,243.86	1,704.58	3,773.12	1,885.88
200812	25.17	10.29	599.66	257.36	404.27	131.24	4,903.93	2,361.66	5,308.20	2,492.90
200901	35.07	14.66	601.51	275.72	555.79	187.70	4,398.22	2,498.50	4,954.01	2,686.20
200902	26.96	11.57	587.58	267.75	670.97	203.48	4,946.57	2,648.75	5,617.54	2,852.23
200903	25.05	10.40	610.40	277.86	401.83	135.61	5,076.80	2,711.73	5,478.63	2,847.34
200904	29.91	12.37	607.06	276.76	449.02	151.64	4,966.93	2,687.67	5,415.95	2,839.31
200905	37.24	15.34	551.66	257.91	562.20	189.79	4,220.66	2,394.50	4,782.86	2,584.29
200906	29.60	12.02	572.76	270.69	406.87	141.21	4,772.35	2,499.89	5,179.22	2,641.10
200907	20.93	9.05	656.73	302.41	363.84	126.34	5,658.80	2,973.61	6,022.64	3,099.95
200908	27.74	11.52	574.67	265.87	429.93	149.09	6,602.34	3,079.11	7,032.27	3,228.20
200909	17.51	7.41	552.54	262.10	313.85	108.77	5,145.03	2,844.63	5,458.88	2,953.40
Total	**356.20**	**147.20**	**7,193.81**	**3,261.33**	**5,930.68**	**1,985.09**	**60,885.79**	**31,892.51**	**66,816.47**	**33,877.60**

67.15 27.71 1158.72 534.67 1788.25 1011.22 341.43 9187.59 5082.17 15,622.41

SFY '09 27.7 x 1011.22 = 280.11
19.2 x 9187.59 = 1,764.02

KC 6.15.10

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 04/01/2009 THRU 04/30/2009

DATE RUN 07/29/2009
PAGE 1

NAME (LAST)	F	PROG ACT TASK OUT SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
ALLEN Jan	J	391 020 000	20.67	7.47	28.14	100.0	514.74	255.88	770.62
TOTAL			20.67	7.47	28.14	100.0	514.74	255.88	770.62
BARR Cheryl	C	391 021 000	16.00	1.19	17.19	100.0	419.11	139.27	558.38
TOTAL			16.00	1.19	17.19	100.0	419.11	139.27	558.38
TIRRES Remedios	R	391 020 000	87.34	13.80	101.14	57.5	1022.65	857.04	1879.69
		391 021 000	59.34	9.36	68.70	42.5	693.63	581.30	1274.93
SUBTOTAL		391	146.68	23.16	169.84	100.0	1716.28	1438.34	3154.62
TOTAL			146.68	23.16	169.84	100.0	1716.28	1438.34	3154.62
WALDRON Susan	S	391 020 000	2.00	0.10	2.10	1.3	51.63	17.38	69.01
		391 021 000	81.00	4.18	85.18	98.7	2077.22	699.31	2776.53
SUBTOTAL		391	83.00	4.28	87.28	100.0	2128.85	716.69	2845.54
TOTAL			83.00	4.28	87.28	100.0	2128.85	716.69	2845.54
GRAND TOTAL			266.35	36.10	302.45	100.0	4,778.98	2,550.18	7,329.16

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 04-29-2009
Print Time: 04:28:51PM
Last Update: 4-29-2009 4:26:37PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/01/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
04/02/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
04/03/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
04/06/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
04/07/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
04/08/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
04/09/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
04/10/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
04/13/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/14/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN

Supervisor's Signature Williams, RN

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 04-29-2009
Print Time: 04:28:51PM
Last Update: 4-29-2009 4:26:37PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
04/15/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/16/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
04/17/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0220
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0140
04/20/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0120
04/21/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/22/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
04/23/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0540
04/24/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/27/2009	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/28/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - Swine Flu	058 - Ottawa County Health Dept.	0020

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN

Supervisor's Signature Williams, RN

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 04-29-2009
Print Time: 04:28:51PM
Last Update: 4-29-2009 4:26:37PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/29/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	911 - Disaster Response	021 - Program Support Service	915 - Swine Flu	058 - Ottawa County Health Dept.	0040
04/30/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
				TOTAL HOURS:	**176.00**

ProgramCode	Hours	% Of Hours For Month
241 - Family Planning	43.33	24.62 %
264 - Tuberculosis	5.33	3.03 %
266 - Immunization	35.33	20.08 %
270 - Sexually Transmitted Disease	14.00	7.95 %
275 - General Communicable Dis	2.00	1.70 %
301 - All Personal Health\Local Health	46.67	26.52 %
391 - Capacity Building-Site Specific	20.67	11.74 %
475 - Medicaid Administrative Claiming	6.67	3.79 %
911 - Disaster Response	1.00	0.57 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN

Supervisor's Signature

Employee: CHERYL BARR
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 05-01-2009
Print Time: 04:32:44PM
Last Update: 5-1-2009 4:32:36PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/01/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/02/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0700
04/03/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
04/06/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/07/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/08/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
04/09/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/10/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
04/13/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0720
04/14/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	1000
04/15/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	1000
04/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
04/20/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/21/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
04/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/23/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0200
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
04/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
04/27/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0900
04/28/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
04/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature J.M. Coppolano

04/30/2009 383 - Childhood Lead Poisoning Prev 021 - Program Support Service 000 - General Duties 0800

TOTAL HOURS: 180.33

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	164.33	91.13 %
391 - Capacity Building-Site Specific	16.00	8.87 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Ufan

Supervisor's Signature JLM Coppolo

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 04-30-2009
Print Time: 08:28:48AM
Last Update: 4-30-2009 8:28:39AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
04/03/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/06/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/07/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
04/08/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/09/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/10/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/13/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
04/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
04/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
04/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
04/20/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
04/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 04-30-2009
Print Time: 08:28:48AM
Last Update: 4-30-2009 8:28:39AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/22/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
04/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/24/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/27/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
04/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
04/29/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/30/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
				TOTAL HOURS:	176.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	24.00	13.64 %
391 - Capacity Building-Site Specific	146.67	83.33 %
428 - Senior Companion Program	5.33	3.03 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 05-01-2009
Print Time: 03:36:11PM
Last Update: 5-1-2009 3:36:03PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
04/01/2009	385 - Abstinence Grant	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0240
	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0520
04/02/2009	301 - All Personal Health\Local Health	008	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
04/03/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
04/06/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0300
04/07/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/08/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
04/09/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	1100
04/10/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
04/13/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/14/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/15/2009	385 - Abstinence Grant	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0600
04/16/2009	301 - All Personal Health\Local Health	008	000 - General Duties	058 - Ottawa County Health Dept.	0600
04/17/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/20/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0300
04/21/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/22/2009	385 - Abstinence Grant	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0200
	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
04/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
04/24/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/27/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
04/28/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/ns

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 4 Year 2009

Print Date: 05-01-2009
Print Time: 03:36:12PM
Last Update: 5-1-2009 3:36:03PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	911 - Disaster Response	021 - Program Support Service	915 - Swine Flu	058 - Ottawa County Health Dept.	0200
04/29/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
	911 - Disaster Response	021 - Program Support Service	915 - Swine Flu	058 - Ottawa County Health Dept.	0200
04/30/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	911 - Disaster Response	021 - Program Support Service	915 - Swine Flu	058 - Ottawa County Health Dept.	0200
				TOTAL HOURS:	**176.00**

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	39.00	22.16 %
385 - Abstinence Grant	34.00	19.32 %
391 - Capacity Building-Site Specific	83.00	47.16 %
420 - Health Promotion	14.00	7.95 %
911 - Disaster Response	6.00	3.41 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols /mb

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 05/01/2009 THRU 05/31/2009

DATE RUN 08/10/2009

NAME (LAST)	F	PROG	ACT	TASK	OUT	SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
ALLEN Jan	J	391	020	000			15.33	2.15	17.48	10.4	360.58	172.08	532.66
		391	021	000			3.00	0.41	3.41	89.6	69.34	33.09	102.43
SUBTOTAL		391					18.33	2.56	20.89	100.0	429.92	205.17	635.09
TOTAL							18.33	2.56	20.89	100.0	429.92	205.17	635.09
BARR Cheryl	C	391	021	000			16.01	4.96	20.97	100.0	524.96	174.45	699.41
TOTAL							16.01	4.96	20.97	100.0	524.96	174.45	699.41
TIRRES Remedios	R	391	020	000			87.68	14.62	102.30	60.9	1083.12	907.71	1990.83
		391	021	000			40.36	6.72	47.08	28.0	497.99	417.34	915.33
		391	353	000			7.00	1.18	8.18	11.1	87.15	73.03	160.18
SUBTOTAL		391					135.04	22.52	157.56	100.0	1668.26	1398.08	3066.34
TOTAL							135.04	22.52	157.56	100.0	1668.26	1398.08	3066.34
WALDRON Susan	S	391	020	000			2.00	0.19	2.19	1.2	47.66	16.05	63.71
		391	021	000			60.00	5.97	65.97	98.8	1481.46	498.74	1980.20
SUBTOTAL		391					62.00	6.16	68.16	100.0	1529.12	514.79	2043.91
TOTAL							62.00	6.16	68.16	100.0	1529.12	514.79	2043.91
WILLIAMS Kim	K	391	021	000			1.00	0.10	1.10	100.0	41.70	18.55	60.25
TOTAL							1.00	0.10	1.10	100.0	41.70	18.55	60.25
GRAND TOTAL							232.38	36.30	268.68	100.0	4,193.96	2,311.04	6,505.00

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 05-29-2009
Print Time: 11:47:20AM
Last Update: 5-29-2009 11:47:11AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/01/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0140
05/04/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0120
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/05/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0140
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/06/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/07/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/08/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/11/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L Allen RN, BSN

Supervisor's Signature [illegible] RN

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 05-29-2009
Print Time: 11:47:20AM
Last Update: 5-29-2009 11:47:11AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0140
	475 - Medicaid Administrative Claiming	503 - SPMP Referral Coord & Monitori	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/12/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0040
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0040
05/13/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/14/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/15/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
05/18/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/19/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L Allen RN, BSN

Supervisor's Signature

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 05-29-2009
Print Time: 11:47:20AM
Last Update: 5-29-2009 11:47:11AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/20/2009	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
05/21/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
05/22/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0540
05/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/26/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/27/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/28/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
05/29/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
				TOTAL HOURS:	**168.00**

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L Allen RN,BSN

Supervisor's Signature

ProgramCode	Hours	% Of Hours For Month
241 - Family Planning	47.33	28.17 %
264 - Tuberculosis	20.00	11.90 %
266 - Immunization	29.67	17.66 %
270 - Sexually Transmitted Disease	13.33	7.94 %
275 - General Communicable Dis	2.67	1.59 %
301 - All Personal Health\Local Health	20.67	12.30 %
391 - Capacity Building-Site Specific	18.33	10.91 %
475 - Medicaid Administrative Claiming	9.00	5.36 %
911 - Disaster Response	6.00	4.17 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L. Allen RN, BSN

Supervisor's Signature

Employee: CHERYL BARR
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-01-2009
Print Time: 11:41:31AM
Last Update: 6-1-2009 11:41:21AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/01/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
05/04/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0820
05/05/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0740
05/06/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0240
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0520
05/07/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/08/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
05/11/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/12/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/13/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
05/14/2009	383 - Childhood Lead Poisoning Prev	002	000 - General Duties	-	0800
05/15/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	002 -	000 - General Duties	-	0400
05/18/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
05/19/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/20/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
05/21/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
05/25/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
05/26/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
05/27/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0600
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
05/28/2009	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0800
05/29/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0500
	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature J.M. Coplan

TOTAL HOURS: 172.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	152.00	88.37 %
391 - Capacity Building-Site Specific	20.00	11.63 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl McBane

Supervisor's Signature Jol M. Coyolong

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 05-29-2009
Print Time: 09:15:53AM
Last Update: 5-29-2009 9:15:43AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0540
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/04/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/05/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/06/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	911 - Disaster Response	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
05/07/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/08/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/11/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 05-29-2009
Print Time: 09:15:53AM
Last Update: 5-29-2009 9:15:43AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/13/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/14/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0740
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0740
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/20/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
05/22/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/26/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	391 - Capacity Building-Site Specific	353 - Care Coordination/Case Managem	000 - General Duties	058 - Ottawa County Health Dept.	0700
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0020
05/27/2009	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/29/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

428 - Senior Companion Program | 021 - Program Support Service | 000 - General Duties | 058 - Ottawa County Health Dept. | 0020

TOTAL HOURS: 168.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	24.00	14.29 %
391 - Capacity Building-Site Specific	135.00	80.36 %
428 - Senior Companion Program	4.33	2.58 %
911 - Disaster Response	4.67	2.78 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Lim

Supervisor's Signature Susan Waldron

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-02-2009
Print Time: 04:28:47PM
Last Update: 6-2-2009 4:28:40PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/01/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0400
05/04/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
	385 - Abstinence Grant	426 - Outreach and Promotion Activities	000 - General Duties	021 - Delaware County Health Dept.	0400
05/05/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	385 - Abstinence Grant	428 - Staff Continuing Education	000 - General Duties	021 - Delaware County Health Dept.	0800
05/06/2009	385 - Abstinence Grant	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
05/07/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	911 - Disaster Response	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
05/08/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/11/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0100
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0200
05/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
05/13/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
05/14/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/15/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	504 - Training/Education	058 - Ottawa County Health Dept.	0400
05/18/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
05/19/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0300
05/20/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
05/21/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature J Nichols

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-02-2009
Print Time: 04:28:47PM
Last Update: 6-2-2009 4:28:40PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/22/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
05/26/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
05/27/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
05/28/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
05/29/2009	230 - Teen Pregnancy Project	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0400
				TOTAL HOURS:	**178.00**

ProgramCode	Hours	% Of Hours For Month
230 - Teen Pregnancy Project	2.00	1.12 %
301 - All Personal Health\Local Health	17.00	9.55 %
385 - Abstinence Grant	74.00	41.57 %
391 - Capacity Building-Site Specific	62.00	34.83 %
411 - Emergency Preparedness (CDC)	11.00	6.18 %
420 - Health Promotion	6.00	3.37 %
911 - Disaster Response	6.00	3.37 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-09-2009
Print Time: 07:41:10AM
Last Update: 6-9-2009 7:40:54AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/01/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/04/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/05/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/06/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/07/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/08/2009	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature corrected Payroll

Supervisor's Signature

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-09-2009
Print Time: 07:41:10AM
Last Update: 6-9-2009 7:40:54AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/11/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/12/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
05/13/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/14/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/15/2009	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/18/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/19/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-09-2009
Print Time: 07:41:10AM
Last Update: 6-9-2009 7:40:54AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/20/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/21/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/22/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
05/26/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0040
	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	911 - Disaster Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
05/27/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
05/28/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 5 Year 2009

Print Date: 06-09-2009
Print Time: 07:41:10AM
Last Update: 6-9-2009 7:40:54AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
05/29/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0500
				TOTAL HOURS:	**172.33**

ProgramCode	Hours	% Of Hours For Month
241 - Family Planning	47.00	27.27 %
264 - Tuberculosis	33.67	19.54 %
266 - Immunization	18.00	10.44 %
270 - Sexually Transmitted Disease	6.00	3.48 %
275 - General Communicable Dis	7.00	4.06 %
301 - All Personal Health\Local Health	26.67	15.47 %
360 - VFC Immunization	2.00	1.16 %
391 - Capacity Building-Site Specific	1.00	0.58 %
475 - Medicaid Administrative Claiming	7.00	4.06 %
911 - Disaster Response	24.00	13.93 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

FEES

04/01/2009 to 05/31/2009

Claims	1,197.08
PROGCOST - Fees	147.14
Total Fees	$ 1,344.22

Claims are the direct costs and PROGCOST are the allocated costs. These are costs for professional services. Examples might be things like developing curricula for training materials or speaker fees. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	61.03	109.86	23.82	800.29
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	6.05	10.89	2.36	79.33
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
67.08	120.75	26.18	879.62
762.28	**1,462.35**	**167.70**	**9,587.38**

147.14 276.56 1.21 1,386.79

✓ KC 6.15.10

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002FEB09A	3/20/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
168 909 18	34000	00183080	Not Paid

VOUCHER DATE May/28/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0926758 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	159 337 52	554120		19901	4088002	09					
	1 986 62	554120		21000	4088002	09					
	7 585 04	554120		40000	4088002	09					

TOTAL 168 909 18

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 5/28/2009

VCHR 34000 00183080

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 FEB 09

426758 PH

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	832 87
199KFX9	010940NG97	88002	8 703 18
199KFX9	010940NL97	88002	21 622 27
199KFX9	010940QC97	88002	1 822 24
199KFX9	010940W097	88002	124 970 48
199KFX9	010940WC97	88002	1 386 48
210TFX9	000940CV61	88002	396 13
210WCX9	000940W097	88002	1 352 81
210WHX9	000940W097	88002	237 68
400AR99	000940NC97	88002	3 772 22
400AR99	000940TQ97	88002	2 862 10
400BI99	000940RV97	88002	594 20
400BT99	000940NW58	88002	356 52
400CD99	0009405Y97	88002	183 21
400CD99	000940P797	88002	1 282 50
400CD99	000940PG97	88002	2 198 57
400CG99	000940PK97	88002	297 10
400CK99	0009405D97	88002	487 24
400CK99	0009405S97	88002	5 347 88
400CM99	000940TS97	88002	9,540 01
400CT89	000940PN97	88002	297 10
400CU99	0009407A97	88002	396 13
400CY99	000940TN21	88002	237 68
400EA99	000940VG97	88002	3 869 29
400EA99	000940W097	88002	18 535 75
400EM99	000940VJ97	88002	693 24
400GC99	000940NL97	88002	486 26
400GC99	000940W096	88002	2 654 13
400HFX9	000940VM97	88002	24 826 05
		TOTAL	240,241 32

426758
168904.18

426759
43365.70

426760
27966.44

RECEIVED
APR 27 2009
Accounting Services

Special Fund 210

Oklahoma State Department of Health
Data Managment
Intra-Agency Reimbursement

Invoice #	**4040002 Feb 09**		**Invoice Date**	**20-Mar-09**
Activity	**40**	**Community Health Services**	**Billing Period**	**Feb 09**
Sub-Activity	**40002**	**County Health Departments**	**210-340-88181**	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 949 65
Allocation of Costs by FTE Distribution	55 49%	237 291 67
Total Monthly Charges		**240,241 32**

Payment is due on or before **20-Apr-09**

Direct Billing

Month Feb 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	102 61	4 62	252	PHOCIS Non Program Related
ESMIGAHAN MONGER	188 30	11 85	252	PHOCIS Non Program Related
JAMIE BARNES	1 156 61	78 47	252	PHOCIS Non Program Related
KANOKPAN D FLINN	539 57	35 34	252	PHOCIS Non Program Related
NANCY J IVINS	626 16	34 87	252	PHOCIS Non Program Related
THOR SHAFFER	9 53	0 53	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	326 87	16 44	252	PHOCIS Non Program Related
Total	**$2,949 65**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002JAN09	2/25/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
154 558 74	34000	00183077	Not Paid

VOUCHER DATE May/28/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0926754 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	145 694 57	554120		19901	4088002	09					
	1 802 49	554120		21000	4088002	09					
	7 061 68	554120		40000	4088002	09					

TOTAL	154 558 74

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 5/28/2009

VCHR 34000 00183077

426754

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 JAN 09

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	755 66
199KFX9	010940NG97	88002	8 076 17
199KFX9	010940NL97	88002	19 618 06
199KFX9	010940QC97	88002	1 653 33
199KFX9	010940W097	88002	114 333 38
199KFX9	010940WC97	88002	1 257 97
210TFX9	000940CV61	88002	359 42
210WCX9	000940W097	88002	1 227 42
210WHX9	000940W097	88002	215 65
400AR99	000940NC97	88002	3 422 57
400AR99	000940TQ97	88002	2 776 51
400BI99	000940RV97	88002	539 13
400BT99	000940NW58	88002	323 47
400CD99	0009405Y97	88002	166 23
400CD99	000940P797	88002	1 163 62
400CD99	000940PG97	88002	1 994 78
400CG99	000940PK97	88002	269 56
400CK99	0009405D97	88002	442 08
400CK99	0009405S97	88002	5 301 45
400CM99	000940TS97	88002	8 296 29
400CT89	000940PN97	88002	269 56
400CU99	0009407A97	88002	449 27
400CY99	000940TN21	88002	215 65
400EA99	000940VG97	88002	3 510 63
400EA99	000940W097	88002	16 898 51
400EM99	000940VJ97	88002	718 84
400GC99	000940NL97	88002	441 18
400GC99	000940W096	88002	2 408 11
400HFX9	000940VM97	88002	22 704 59
		TOTAL	219,809 09

426754
154558 74

426755
39696.47

426751
25553.88

RECEIVED
APR 17 2009
Accounting Services

Chief, Accounting Services

Special Fund 210

Oklahoma State Department of Health
Data Managment
Intra-Agency Reimbursement

Invoice #	4040002 Jan 09		**Invoice Date**	25-Feb-09
Activity	40	Community Health Services	**Billing Period**	Jan 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	3 730 71
Allocation of Costs by FTE Distribution	55 65%	216 078 38
Total Monthly Charges		**219,809 09**

Payment is due on or before 27-Mar-09

RECEIVED
APR 17 2009
Accounting Services

Grace E Brown
Chief Accounting Services

Direct Billing

Month Jan 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	176 32	8 33	252	PHOCIS Non Program Related
ESMIGAHAN MONGER	48 67	3 21	252	PHOCIS Non Program Related
JAMIE BARNES	1 397 60	100 00	252	PHOCIS Non Program Related
NANCY J IVINS	1 156 53	68 24	252	PHOCIS Non Program Related
THOR SHAFFER	104 03	5 98	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	847 56	44 19	252	PHOCIS Non Program Related
Total	**$3,730 71**			

RECEIVED

APR 17 2009

Accounting Services

Grace E Brown

Chief Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005JAN09	2/25/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
5 908 47	34000	00182902	Not Paid

VOUCHER DATE May/27/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0926554 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	421 25	554120		19901	3588005	09					
	5 487 22	554120		40000	3588005	09					

TOTAL 5 908 47

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 5/27/2009

VCHR 34000 00182902

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 JAN 09

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	186 24
199KDX9	010935T40A	88005	54 23
199KDX9	010935T597	88005	180 78
400AR99	000935T40A	88005	1,129 89
400BT99	000935NW0A	88005	18 07
400CN99	0009352G0A	88005	180 78
400CX99	000935NN0A	88005	343 48
400GM99	000935T40A	88005	3 815 00
		TOTAL	5,908 47

RECEIVED
APR 17 2009
Accounting Services

Chief, Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	**3535005 Jan 09**		**Invoice Date**	**25-Feb-09**
Activity.	**35**	**Family Health Services**	**Billing Period**	**Jan 09**
Sub-Activity	**35005**	**Screening & Special Services**	**210-340-88181**	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 413 94
Allocation of Costs by FTE Distribution	0 90%	3 494 53
Total Monthly Charges		**5,908 47**

Payment is due on or before **27-Mar-09**

RECEIVED
APR 17 2009
Accounting Services

Grace E Brown
Chief Accounting Services

Direct Billing

Month Jan 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	104 14	1 23	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	1 159 14	17 46	278	Metabolic Newborn Screening
NANCY J IVINS	159 31	2 35	278	Metabolic Newborn Screening
PETER M LEMMON	783 30	11 09	278	Metabolic Newborn Screening
THOR SHAFFER	208 05	2 99	278	Metabolic Newborn Screening
Total	**$2,413 94**			

RECEIVED
APR 17 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005FEB09	3/20/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
5 443 04	34000	00183076	Not Paid

VOUCHER DATE May/28/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0926736 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	577 33	554120		19901	3588005	09					
	4 865 71	554120		40000	3588005	09					

TOTAL 5 443 04

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer s Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 5/28/2009

VCHR 34000 00183076

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 FEB 09

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	327 17
199KDX9	010935T40A	88005	57 73
199KDX9	010935T597	88005	192 43
400AR99	000935T40A	88005	1 202 70
400BT99	000935NW0A	88005	19 24
400CN99	0009352G0A	88005	192 43
400CX99	000935NN0A	88005	365 62
400GM99	000935T40A	88005	3 085 72
		TOTAL	5,443 04

RECEIVED
APR 27 2009
Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	**3535005 Feb 09**		**Invoice Date**	**20-Mar-09**
Activity	**35**	**Family Health Services**	**Billing Period**	**Feb 09**
Sub-Activity	**35005**	**Screening & Special Services**	**210-340-88181**	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	1 594 37
Allocation of Costs by FTE Distribution	0 90%	3 848 67
Total Monthly Charges		**5,443 04**

Payment is due on or before **20-Apr-09**

Direct Billing

Month Feb 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
EPPACHEN T DANIEL	1 343 36	19 08	278	Metabolic Newborn Screening
NANCY J IVINS	94 81	1 32	278	Metabolic Newborn Screening
PETER M LEMMON	61 26	0 82	278	Metabolic Newborn Screening
THOR SHAFFER	94 94	1 32	278	Metabolic Newborn Screening
Total	**$1,594 37**			

TRAVEL

04/01/2009 to 05/31/2009

Claims		252.15
PROGCOST - Travel		276.56
Total Travel	$	528.71

Claims are the direct costs and PROGCOST are the allocated costs. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	61.03	109.86	23.82	800.29
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	6.05	10.89	2.36	79.33
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
147.14 45.36	276.56 146.72	1.21 0.65	1,386.79 555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
67.08	120.75	26.18	879.62
762.28	**1,462.35**	**167.70**	**9,587.38**

✓ KC 6/15/10

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
058 168804	4/7/2009

CLAIM OF WALDRON SUSAN A
Address
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
106 75	34000	00178994	Not Paid

VOUCHER DATE April/08/2009 | Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION: Claim # 0922668 Vouchers from Remote Agencies

Related Voucher No | Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	101 75	521110		40000	4040002	09					
	5 00	521140		40000	4040002	09					

TOTAL 106 75

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 4/8/2009

VCHR 34000 00178994

Form 19
STATE OF OKLAHOMA
TRAVEL VOUCHER

FUND	AGENCY	ORDER NO	CLAIM NO
400	340		922668

FOR AGENCY USE B199 NW558 AAAAAX 168804

CLAIM OF Location 058
SUSAN WALDRON

FOR $ 106 75
AGAINST
Agency Board Comm Dept — Oklahoma State Department of Health

IS CAR GOV OWNED?
YES ✓
NO X
LICENSE NO

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES X
NO

ACCOUNT	SUBACTIVITY	OBJECT	CFDA	AMOUNT
000940	40002	2111		$101 75
		2114		$5 00

OSF Audited by
TOTAL AMOUNT $106 75

ASSIGNMENT
I hereby assign this claim to.
RECEIVED
and authorize the State Treasurer to issue a warrant in payment to said assignee
APR 03 2009
Date Accounting Services
Claimant Signature

WARRANT (LOCATOR) NO

OFFICIAL DUTY STATION: MIAMI
NATURE OF OFFICIAL BUSINESS: Lead Poisoning Prevention Project 391

Show point travel status began each point visited and the point travel status ended	Depart DateTime	Return DateTime	Mileage Map	Mileage Vicinity	# Days / Hours		Per Diem Rate	Per Diem Amount	Lodging Amount	Total Per Diem Lodging
MIAMI TULSA	3 /19/09 00 00		89	14						
TULSA FAIRLAND		3 /19/09 00 00	82		0	0				
Mileage and Per Diem TOTALS			171	14			Per Diem And Lodging Total			$0 00
			185				Total Miles@ 0 550 Per Mile =			$101 75

Mode of Public Transportation and Amount Claimed

Itemized Local Transportation	Itemized Miscellaneous Cost		
	Agency Direct Purchase	Total Public Transportation	
Taxi	Registration Fee (# Of Meals Included 0)		
Shuttle	Telephone	Tolls $5 00	
Rental Car	Parking	Total Miscellaneous Costs	$5 00
Other Local Transportation	Other Misc Cost	Total Local Transportation	

I SUSAN WALDRON the undersigned do under penalty of perjury declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief

Susan Waldron 3/19/2009
Claimant Signature Date

Nichols
Signature Supervisor s Approval

Total Amount Claimed $ 106 75

I hereby approve this claim for payment and certify it complies with the travel laws of the State Travel Reimbursement Act or

Date Agency s Approving Officer

Notes Home Base is

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
058 167609	4/3/2009

CLAIM OF TIRRES REMEDIOS
Address C/O OTTAWA COUNTY HLTH DEPT1930 N ELM MIA
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
31 90	34000	00178624	Not Paid

VOUCHER DATE April/06/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0922298 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	31 90	521110		40000	4040002	09					

TOTAL 31 90

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 4/6/2009

VCHR 34000 00178624

OSF Form 19

STATE OF OKLAHOMA
TRAVEL VOUCHER

FUND	AGENCY	ORDER NO	CLAIM NO
400	340		922298

FOR AGENCY USE: B1991 NWS8 AAAAAX 167609

CLAIM OF Location 058
REMEDIOS TIRRES

IS CAR GOV OWNED?
YES ✓
NO X
LICENSE NO

ACCOUNT	SUBACTIVITY	OBJECT	CFDA	AMOUNT
000940	40002	2111 ✓		$31 90

FOR
$ 31 90
AGAINST
Agency Board Comm Dept — Oklahoma State Department of Health

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES X ✓
NO

OSF Audited by

TOTAL AMOUNT $31 90

ASSIGNMENT
I hereby assign this claim to
and authorize the State Treasurer to issue a warrant in payment to said assignee

RECEIVED
APR 02 2009
Accounting Services

Date

Claimant Signature

WARRANT (LOCATOR) NO

OFFICIAL DUTY STATION	NATURE OF OFFICIAL BUSINESS	
MIAMI	Lead Prevention Program	391

Show point travel status began each point visited and the point travel status ended	Depart DateTime	Return DateTime	Mileage Map	Mileage Vicinity	# Days / Hours		Per Diem Rate	Per Diem Amount	Lodging Amount	Total Per Diem Lodging
MIAMI VICINITY	3 /5 /09 00 00			6						
MIAMI PICHER	3 /6 /09 00 00		10							
PICHER COMMERCE			6							
COMMERCE MIAMI		3 /6 /09 00 00	4	6	0	0				
MIAMI QUAPAW	3 /27/09 00 00		10							
QUAPAW MIAMI		3 /27/09 00 00	10		0	0				
MIAMI VICINITY	3 /31/09 00 00	3 /31/09 00 00		6	0	0				
Mileage and Per Diem TOTALS			40	18			Per Diem And Lodging Total			$0 00
			58				Total Miles@ 0 550 Per Mile =			$31 90

Mode of Public Transportation and Amount Claimed

		Agency Direct Purchase	Total Public Transportation
Itemized Local Transportation	Itemized Miscellaneous Cost		
Taxi	Registration Fee (# Of Meals Included 0)		
Shuttle	Telephone	Tolls	
Rental Car	Parking	Total Miscellaneous Costs	
Other Local Transportation	Other Misc Cost	Total Local Transportation	

I, REMEDIOS TIRRES the undersigned do under penalty of perjury declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Remedios Tirres — 3/31/2009
Claimant Signature — Date

Susan Waldron
Signature Supervisor s Approval

Total Amount Claimed $ 31 90

I hereby approve this claim for payment and certify it complies with the travel laws of the State Travel Reimbursement Act or

Date — Agency s Approving Officer

Notes: Home Base :

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
058 171052	5/12/2009

CLAIM OF WALDRON SUSAN A
Address
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
113 50	34000	00181826	Not Paid

VOUCHER DATE May/13/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0925473 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	107 80	521110		40000	4040002	09					
	5 70	521140		40000	4040002	09					

TOTAL	113 50

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer s Name Grace E Brown
Title Chief, Accounting Services Date 5/13/2009

VCHR 34000 00181826

OSF Form 19

STATE OF OKLAHOMA
TRAVEL VOUCHER

FUND	AGENCY	ORDER NO	CLAIM NO
400	340		925473

FOR AGENCY USE BT99 NWS80 AAAAAX 171052

CLAIM OF Location 058
SUSAN WALDRON

IS CAR GOV OWNED?
YES ____
NO X

LICENSE NO

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES X
NO ____

ACCOUNT	SUBACTIVITY	OBJECT	CFDA	AMOUNT
000940	40002	2111		$107 80
		2114		$5 70

OSF Audited by

TOTAL AMOUNT $113 50

FOR $ 113 50 AGAINST

Agency Board Comm Dept — Oklahoma State Department of Health

ASSIGNMENT
I hereby assign this claim to _____ and authorize the State Treasurer to issue a warrant in payment to said assignee

Date _____

Claimant Signature

RECEIVED MAY 08 2009 Accounting Services

WARRANT (LOCATOR) NO

OFFICIAL DUTY STATION	NATURE OF OFFICIAL BUSINESS	391
MIAMI	Lead Poisoning Prevention	

Show point travel status began each point visited and the point travel status ended	Depart DateTime	Return DateTime	Mileage Map	Mileage Vicinity	# Days / Hours		Per Diem Rate	Per Diem Amount	Lodging Amount	Total Per Diem Lodging
MIAMI TULSA	4 /23/09 00 00		89	18						
TULSA MIAMI		4 /23/09 00 00	89		0	0				
Mileage and Per Diem TOTALS			178	18				Per Diem And Lodging Total		$0 00
			196					Total Miles@ 0 550 Per Mile =		$107 80

Mode of Public Transportation and Amount Claimed

		Agency Direct Purchase	Total Public Transportation
Itemized Local Transportation	Itemized Miscellaneous Cost		
Taxi	Registration Fee (# Of Meals Included 0)		
Shuttle	Telephone	Tolls $5 70 /	
Rental Car	Parking		Total Miscellaneous Costs $5 70
Other Local Transportation	Other Misc Cost		Total Local Transportation

I, SUSAN WALDRON the undersigned do under penalty of perjury declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief

Susan Waldron 4/23/2009
Claimant Signature Date

Jane Ann Nichols/mb
Signature Supervisor s Approval

Total Amount Claimed $ 113 50

I hereby approve this claim for payment and certify it complies with the travel laws of the State Travel Reimbursement Act or

Date Agency s Approving Officer

Notes: Home Base is :

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
058 168804	4/7/2009

CLAIM OF WALDRON SUSAN A
Address
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
106 75	34000	00178994	Not Paid

VOUCHER DATE April/08/2009 | Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION: Claim # 0922668 Vouchers from Remote Agencies

Related Voucher No | Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	101 75	521110		40000	4040002	09					
	5 00	521140		40000	4040002	09					

TOTAL 106 75

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 4/8/2009

VCHR 34000 00178994

Form 19
STATE OF OKLAHOMA
TRAVEL VOUCHER

FUND	AGENCY	ORDER NO	CLAIM NO
400	340		922668

FOR AGENCY USE B199 NW58 AAAAAX 168804

CLAIM OF Location 058
SUSAN WALDRON

FOR $ 106 75
AGAINST
Agency Board Comm Dept — Oklahoma State Department of Health

IS CAR GOV OWNED?
YES ✓
NO X
LICENSE NO

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES X
NO

ACCOUNT	SUBACTIVITY	OBJECT	CFDA	AMOUNT
000940	40002	2111		$101 75
		2114		$5 00

OSF Audited by
TOTAL AMOUNT $106 75

ASSIGNMENT
I hereby assign this claim to
RECEIVED
and authorize the State Treasurer to issue a warrant in payment to satisfy same
APR 03 2009
Date Accounting Services
Claimant Signature

WARRANT (LOCATOR) NO

OFFICIAL DUTY STATION	NATURE OF OFFICIAL BUSINESS	391
MIAMI	Lead Poisoning Prevention Project	

Show point travel status began each point visited and the point travel status ended	Depart DateTime	Return DateTime	Mileage Map	Mileage Vicinity	# Days / Hours		Per Diem Rate	Per Diem Amount	Lodging Amount	Total Per Diem Lodging
MIAMI TULSA	3 /19/09 00 00		89	14						
TULSA FAIRLAND		3 /19/09 00 00	82		0	0				
Mileage and Per Diem TOTALS			171	14			Per Diem And Lodging Total			$0 00
			185				Total Miles@ 0 550 Per Mile =			$101 75

Mode of Public Transportation and Amount Claimed

	Agency Direct Purchase	Total Public Transportation	
Itemized Local Transportation	Itemized Miscellaneous Cost		
Taxi	Registration Fee (# Of Meals Included 0)		
Shuttle	Telephone Tolls $5 00		
Rental Car	Parking	Total Miscellaneous Costs	$5 00
Other Local Transportation	Other Misc Cost	Total Local Transportation	

Total Amount Claimed $ 106 75

I SUSAN WALDRON the undersigned do under penalty of perjury declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief

Susan Waldron 3/19/2009
Claimant Signature Date

Nichols
Signature Supervisor s Approval

I hereby approve this claim for payment and certify it complies with the travel laws of the State Travel Reimbursement Act or

Date Agency s Approving Officer

Notes Home Base is

EQUIPMENT

04/01/2009 to 05/31/2009

Claims		-
PROGCOST - Equipment		1.21
Total Equipment	$	1.21

Claims are the direct costs and PROGCOST are the allocated costs. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

	==ProgCost==				==244Other==			
Year\Month	FEES	TRAVEL	EQUIP	OTHER	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32	0.00	0.00	0.00	0.00
200810	56.43	84.04	4.57	501.14	0.00	0.00	0.00	0.00
200811	23.72	78.35	3.82	515.71	0.00	0.00	0.00	0.00
200812	57.34	96.72	5.22	671.19	0.00	0.00	0.00	0.00
200901	71.32	84.34	4.00	501.53	0.00	0.00	0.00	0.00
200902	33.59	95.56	36.83	659.79	0.00	0.00	0.00	0.00
200903	47.33	101.98	24.24	810.21	0.00	0.00	0.00	0.00
200904	40.93	132.38	0.59	501.47	0.00	0.00	0.00	0.00
200905	91.60	116.86	0.50	747.93	0.00	0.00	0.00	0.00
200906	46.40	105.57	3.75	683.19	0.00	0.00	0.00	0.00
200907	44.73	120.29	21.93	736.06	0.00	0.00	0.00	0.00
200908	43.10	113.77	3.00	984.58	0.00	0.00	0.00	0.00
200909	61.03	109.86	23.82	800.29	0.00	0.00	0.00	0.00
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**	**0.00**	**0.00**	**0.00**	**0.00**

	==301OTHER==				==TOTAL==			
Year\Month	FEES	TRAVEL	EQUIP	OTHER	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83	79.55	92.51	21.72	626.15
200810	5.41	8.06	0.44	48.04	61.84	92.10	5.01	549.18
200811	2.33	7.68	0.37	50.55	26.05	86.03	4.19	566.26
200812	6.24	10.53	0.57	73.08	63.58	107.25	5.79	744.27
200901	8.06	9.54	0.45	56.70	79.38	93.88	4.45	558.23
200902	3.52	10.02	3.86	69.18	37.11	105.58	40.69	728.97
200903	4.96	10.69	2.54	84.89	52.29	112.67	26.78	895.10
200904	4.43	14.34	0.06	54.31	45.36	146.72	0.65	555.78
200905	10.18	12.98	0.06	83.08	101.78	129.84	0.56	831.01
200906	5.12	11.66	0.41	75.44	51.52	117.23	4.16	758.63
200907	4.67	12.55	2.29	76.78	49.40	132.84	24.22	812.84
200908	4.24	11.18	0.30	96.76	47.34	124.95	3.30	1,081.34
200909	6.05	10.89	2.36	79.33	67.08	120.75	26.18	879.62
Total	**73.57**	**139.85**	**15.99**	**913.97**	**762.28**	**1,462.35**	**167.70**	**9,587.38**

147.14 276.56 7.21 1,386.79

KC 6/5/10

OTHER

04/01/2009 to 05/31/2009

Claims	5,200.01
PROGCOST - Other	1,386.79
Worker's Comp	56.80
Total Other	$ 6,643.60

Claims are the direct costs and PROGCOST are the allocated costs. These costs are for things like office supplies and test kits for blood lead. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Worker's Comp
04/01/2009 to 05/31/2009

FUND	OBJ CODE	REF #	AMOUNT
400BT99	1231	M66964	26.69
400BT99	1231	M66962	2.02
400BT99	1231	M69163	1.40
400BT99	1231	M69165	26.69
		Total	**56.80**

Fund	Acct	Sub	Obj	Pos	Description	Ref	Trans Date	Post Date	Field10	Field11
400BT99	000940NW58	40002	1231	AAAAAX	WORKERS COMP	M66964	20090404	20090506		26.69
400BT99	000935NW0A	35005	1231	AAAAAX	WORKERS COMP	M66962	20090404	20090506		2.02
400BT99	000935NW0A	35005	1231	AAAAAX	WORKERS COMP	M69163	20090502	20090603		1.4
400BT99	000935NW0A	35005	1231	AAAAAX	WORKERS COMP	M73282	20090606	20090610		1.4
400BT99	000940NW58	40002	1231	AAAAAX	WORKERS COMP	M73284	20090606	20090610		26.69
400BT99	000940NW58	40002	1231	AAAAAX	WORKERS COMP	M69165	20090502	20090603		26.69
									WORKERS COMP	**84.89**
400BT99	000940NW58	40002	2111	AAAAAX	MILEAGE-INSTATE	922668	20090407	20090407		101.75
400BT99	000940NW58	40002	2111	AAAAAX	MILEAGE-INSTATE	922298	20090403	20090403		31.9
400BT99	000940NW58	40002	2111	AAAAAX	MILEAGE-INSTATE	925473	20090512	20090512		107.8
400BT99	000940NW58	40002	2114	AAAAAX	TVL,-----,SUPL,	922668	20090407	20090407		5
400BT99	000940NW58	40002	2114	AAAAAX	TVL,-----,SUPL,	925473	20090512	20090512		5.7
									TRAVEL	**252.15**
400BT99	000940NW58	40002	3426	AAAAAX	EXPEND MED SUPP	925086	20090508	20090508	2,	2,899.61
400BT99	000940NW58	40002	3614	AAAAAX	OFFICE SUPPLIES	929193	20090622	20090622	1,	1,709.67
400BT99	000940NW58	40002	3619	AAAAAX	EDUC SUPPLIES-I	923968	20090422	20090422	2,	2,300.4
400BT99	000940NW58	40002	3619	AAAAAX	EDUC SUPPLIES-I	928074	20090610	20090610	2,	2,471
									OTHERS	**2380.7**
400BT99	000940NW58	88002	5412	AAAAAX	PROGRM REIMBURSEMEN	926758	20090527	20090527		356.52
400BT99	000940NW58	88002	5412	AAAAAX	PROGRM REIMBURSEMEN	926754	20090527	20090527		323.47
400BT99	000935NW0A	88005	5412	AAAAAX	PROGRM REIMBURSEMEN	926554	20090526	20090526		18.07
400BT99	000935NW0A	88005	5412	AAAAAX	PROGRM REIMBURSEMEN	927385	20090604	20090604		12.64
400BT99	000940NW58	88002	5412	AAAAAX	PROGRM REIMBURSEMEN	927650	20090608	20090608		226.69
400BT99	000935NW0A	88005	5412	AAAAAX	PROGRM REIMBURSEMEN	926736	20090527	20090527		19.24
									FEES	**956.63**

old claims boxed up

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	61.03	109.86	23.82	800.29
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	6.05	10.89	2.36	79.33
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
67.08	120.75	26.18	879.62
762.28	**1,462.35**	**167.70**	**9,587.38**

147.14 2760.56 7.21 1,386.79

✓ KC 6.15.10

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
5809OLP04 19	5/6/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT1930 N ELM ST MIAMI OK, 74354 540
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
2 899 61	34000	00181425	Not Paid

VOUCHER DATE May/08/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0925086 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	2 899 61	534260		40000	4040002	09					

TOTAL	2 899 61

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Grace E Brown
Chief, Accounting Services
Agency Approving Officer s Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 5/11/2009

VCHR 34000 00181425

425086 RT

INVOICE PO# 34090 12391 INVOICE NO 58090LP0419 INVOICE DATE. 5/6/2009

COUNTY HEALTH DEPARTMENT OTTAWA FEI#

PROGRAM OLP Ottawa County Lead Project REIMBURSEMENT PERIOD 4/1/2009 and 5/6/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
04/2009	SUPPLIES 27	ESA INC			2 899 61
	Blood lead testing supplies		INVOICE TOTAL		2 899 61

"Other"

425086

RECEIVED
MAY 07 2009
Accounting Services

2-1-3
12258.71

SUBMITTED BY Melanie Blankenship (Authorized County Staff) DATE 05-06-09

APPROVED BY Cheryl Rain (Program or Service) DATE 5-7-09

FUNDING SECTION (Restricted Use)

LIO# 7 Line 2 3426 Fund, Account, SubAct, Object Code Amount

PHZ 5-8-9 (funded by) (Date) Fund Account, SubAct, Object Code Amount

(entered by) (Date) Fund Account SubAct, Object Code Amount

0181425

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3426AAAAAX	$2 899 61
		TOTAL	$2 899 61

LINE 2 $2 899 61

Isaac, Patrick L

From Barr Cheryl
Sent Thursday, May 07 2009 10 14 AM
To Isaac Patrick L
Cc Dorsett Mark R Blankenship Melanie A
Subject OttCty Spreadsheet2009 (3) xls

Patrick
An invoice for blood lead testing supplies has been received from Ottawa County and will be brought to Payables shortly The invoice is faxed in order to assure timely receipt in our dept Please pay
Thanks
Cheryl

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58090LP03 17	4/16/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT1930 N ELM ST MIAMI OK, 74354 540(
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

2 300 40	34000	00180307	Not Paid
TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO

VOUCHER DATE April/23/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0923968 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	2 300 40	536190		40000	4040002	09					

TOTAL	2 300 40

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer s Name Grace E Brown
Title Chief, Accounting Services Date 4/23/2009

VCHR 34000 00180307

02268 PH

INVOICE PO# 3409012391 INVOICE NO 58090LP03-17 INVOICE DATE 4/16/2009

COUNTY HEALTH DEPARTMENT OTTAWA TDI#

PROGRAM OLP Ottawa County Lead Project REIMBURSEMENT PERIOD 4/13/2009 and 04/16/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
03/2009	SUPPLIES 27	CHANNING BETE CO			2 300 40
Educational Supplies			INVOICE TOTAL		2 300 40

4-20-09
Please pay
Cheryl Bar

RECEIVED
APR 20 2009
Accounting Services

SUBMITTED BY Melanie Blankenship/Adm Asst (Authorized County Staff) DATE 4-16-09

APPROVED BY Cheryl Bar (Program or Service) DATE 4-20-09

FUNDING SECTION (Restricted Use)

LIQ# 006 Line 1-2 3614 (Fund, Account SubAct, Object Code) Amount

PLT 4-22-9 (funded by) (Date) Fund Account SubAct Object Code Amount

(entered by) (Date) Fund Account SubAct, Object Code Amount

V# 00180307

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3619AAAAAX	$2 300 40
		TOTAL	$2 300 40

LINE 1-2 $2,300 40

Isaac, Patrick L

From Barr Cheryl
Sent Monday April 20 2009 10 05 AM
To Isaac Patrick L
Subject Invoice PO3409012391

Patrick
Today you will receive an invoice for $2300 40 from Ottawa County for educational supplies purchased from Channing Bete This is a faxed invoice that we requested because original invoices are lost in the mail
Thanks
Cheryl

INDIRECT COST SCHEDULE

04/01/2009 to 05/31/2009

		Salary	Rate	Total
SFY - 2009				
	On-Site	1,011.22	27.70%	280.11
	Off-Site	9,187.59	19.20%	1,764.02
			Total Indirect Cost	**2,044.13**

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

TOTAL COSTS
U61/TS000063-02
06/01/2009 to 03/31/2010

Personnel	$ 77,881.60
Fees	2,473.35
Travel	824.01
Equipment	76.67
Other	41,700.24
IDC	9,943.21
Total	$ 132,899.08

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

TOTAL PERSONNEL COSTS

06/01/2009 to 03/31/2010

TE005	70,322.08
PGM 301	7,559.52
Sub-Total	77,881.60
Adjustments to TE005	-
Total Personnel	$ 77,881.60

TE005 are the direct costs and PGM 301 are the allocated costs. PGM 301 is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Adjustments to TE005 Report
06/01/2009 to 03/31/2010

	Total Hours	Total Cost	Per Hour Rate	Hours (Short)/Long	Cost Adjustment
1					

Time And Effort Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number: 5U61TS000063-03
Grant Period: 09/15/2008 TO 09/14/2009
Program Code: 391

Year\Mont	TE009 On-Salary	TE009 On-Fringe	TE009 Off-Salary	TE009 Off-Fringe	PGM 244 On-Salary	PGM 244 On-Fringe	PGM 244 Off-Salary	PGM 244 Off-Fringe	Total Salary	Total Fringe
200809	474.69	157.74	2,812.68	1,517.58	0.00	0.00	0.00	0.00		
200810	319.47	101.93	3,277.17	1,596.65	0.00	0.00	0.00	0.00		
200811	496.93	167.98	2,825.07	1,531.33	0.00	0.00	0.00	0.00		
200812	379.10	120.95	4,304.27	2,104.30	0.00	0.00	0.00	0.00		
200901	520.72	173.04	3,796.71	2,222.78	0.00	0.00	0.00	0.00		
200902	644.01	191.91	4,358.99	2,381.00	0.00	0.00	0.00	0.00		
200903	376.78	125.21	4,466.40	2,433.87	0.00	0.00	0.00	0.00		
200904	419.11	139.27	4,359.87	2,410.91	0.00	0.00	0.00	0.00		
200905	524.96	174.45	3,669.00	2,136.59	0.00	0.00	0.00	0.00		
200906	377.27	129.19	4,199.59	2,229.20	0.00	0.00	0.00	0.00		
200907	342.91	117.29	5,002.07	2,671.20	0.00	0.00	0.00	0.00		
200908	402.19	137.57	6,027.67	2,813.24	0.00	0.00	0.00	0.00		
200909	~~296.34~~	~~101.36~~	~~4,592.49~~	~~2,582.53~~	0.00	0.00	0.00	0.00		
Total	**5,574.48**	**1,837.89**	**53,691.98**	**28,631.18**	**0.00**	**0.00**	**0.00**	**0.00**		

Year\Mont	PGM301 On-Salary	PGM301 On-Fringe	PGM301 Off-Salary	PGM301 Off-Fringe	TOTAL On-Salary	TOTAL On-Fringe	TOTAL Off-Salary	TOTAL Off-Fringe	Total Salary	Total Fringe
200809	28.13	11.26	455.26	201.73	502.82	169.00	3,267.94	1,719.31	3,770.76	1,888.31
200810	20.56	7.99	405.19	171.92	340.03	109.92	3,682.36	1,768.57	4,022.39	1,878.49
200811	32.33	13.32	418.79	173.25	529.26	181.30	3,243.86	1,704.58	3,773.12	1,885.88
200812	25.17	10.29	599.66	257.36	404.27	131.24	4,903.93	2,361.66	5,308.20	2,492.90
200901	35.07	14.66	601.51	275.72	555.79	187.70	4,398.22	2,498.50	4,954.01	2,686.20
200902	26.96	11.57	587.58	267.75	670.97	203.48	4,946.57	2,648.75	5,617.54	2,852.23
200903	25.05	10.40	610.40	277.86	401.83	135.61	5,076.80	2,711.73	5,478.63	2,847.34
200904	29.91	12.37	607.06	276.76	449.02	151.64	4,966.93	2,687.67	5,415.95	2,839.31
200905	37.24	15.34	551.66	257.91	562.20	189.79	4,220.66	2,394.50	4,782.86	2,584.29
200906	29.60	12.02	572.76	270.69	406.87	141.21	4,772.35	2,499.89	5,179.22	2,641.10
200907	20.93	9.05	656.73	302.41	363.84	126.34	5,658.80	2,973.61	6,022.64	3,099.95
200908	27.74	11.52	574.67	265.87	429.93	149.09	6,602.34	3,079.11	7,032.27	3,228.20
200909	~~17.51~~	~~7.41~~	~~552.54~~	~~262.10~~	~~313.85~~	~~108.74~~	~~5,145.03~~	~~2,844.03~~	~~5,458.88~~	~~2,953.40~~
Total	**356.20**	**147.20**	**7,193.81**	**3,261.33**	**5,930.68**	**1,985.09**	**60,885.79**	**31,892.51**	**66,816.47**	**33,877.60**

SFY 09 — 406.87 — 4,772.35

SFY 10 — 3,765.01 — 43,015.72

Time And Effort Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Ottawa County Lead - Site Spec
Grant Number: 2929011736
Grant Period: 09/15/2009 TO 09/14/2010
Program Code: 391

	TE009				PGM 244					
Year\Mont	On-Salary	On-Fringe	Off-Salary	Off-Fringe	On-Salary	On-Fringe	Off-Salary	Off-Fringe		
200909	296.34	101.36	4,592.49	2,582.53	0.00	0.00	0.00	0.00		
200910	474.15	162.17	2,327.81	1,197.62	0.00	0.00	0.00	0.00		
200911	393.72	134.66	2,968.99	1,582.82	0.00	0.00	0.00	0.00		
200912	292.11	99.91	4,432.60	2,270.14	0.00	0.00	0.00	0.00		
201001	380.77	133.61	4,334.25	2,475.57	0.00	0.00	0.00	0.00		
201002	692.79	217.46	7,341.07	2,810.43	0.00	0.00	0.00	0.00		
201003	275.00	96.50	1,662.94	1,542.88	0.00	0.00	0.00	0.00		
Total	**2,804.88**	**945.67**	**27,660.15**	**14,461.99**	**0.00**	**0.00**	**0.00**	**0.00**		
	PGM301				**TOTAL**				**Total Salary**	**Total Fringe**
200909	17.51	7.41	552.54	262.10	313.85	108.77	5,145.03	2,844.63	5,458.88	2,953.40
200910	24.90	10.51	187.42	83.91	499.05	172.68	2,515.23	1,281.53	3,014.28	1,454.21
200911	19.27	8.18	262.26	113.49	412.99	142.84	3,231.25	1,696.31	3,644.24	1,839.15
200912	20.17	7.96	513.87	231.80	312.28	107.87	4,946.47	2,501.94	5,258.75	2,609.81
201001	29.98	11.91	578.28	280.08	410.75	145.52	4,912.53	2,755.65	5,323.28	2,901.17
201002	34.52	13.99	651.86	330.38	727.31	231.45	7,992.93	3,140.81	8,720.24	3,372.26
201003	20.01	8.23	348.20	174.79	295.01	104.73	2,011.14	1,717.67	2,306.15	1,822.40
Total	**166.36**	**68.19**	**3,094.43**	**1,476.55**	**2,971.24**	**1,013.86**	**30,754.58**	**15,938.54**	**33,725.82**	**16,952.40**

SSN	L Name	F Name	MI	PGM	ACT	Task	Field8	LOC	HRS	L HRS	Total HRS	Field13	SAL	Fringe	Total	Field17
	BARR	CHERYL		391	021	000			8	4.09	12.09	100	268.42	96.5	364.92	
	TIRRES	REMEDIOS		391	020	000		058	90.67	0	90.67	49.3	868.88	783.1	1651.98	
	TIRRES	REMEDIOS		391	021	000		058	80.02	0	80.02	50.7	766.66	690.97	1457.63	
	WILLIAMS	KIM	R	391	021	000		058	4.67	0.73	5.4	100	27.37	68.81	96.18	

Sonny.
Please provide
these T+E's for
March 2010.
thx, KC

Employee: CHERYL BARR
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Print Date: 04-02-2010
Print Time: 02:43:26PM
Last Update: 4/2/2010 2:43:13PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
03/01/2010	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0800
03/02/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/03/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/04/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
03/05/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	004 -	000 - General Duties	-	0400
03/08/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
03/09/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
03/10/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
03/11/2010	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0600
	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0200
03/12/2010	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	003 -	000 - General Duties	-	0400
03/15/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/16/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/17/2010	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
03/18/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/19/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
03/22/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/23/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/24/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
03/25/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
03/26/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
03/29/2010	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0400
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
03/30/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature Sharon Vaz 4/6/2010

03/31/2010 383 - Childhood Lead Poisoning Prev 021 - Program Support Service 000 - General Duties - 0900

TOTAL HOURS: 185.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	169.00	91 %
391 - Capacity Building-Site Specific	16.00	9 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Williams

Supervisor's Signature Sharon Vaz 4/6/2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Print Date: 03-31-2010
Print Time: 08:33:29AM
Last Update: 3/31/2010 8:33:18AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
03/01/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/02/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
03/03/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/04/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/05/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/08/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/09/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/10/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
03/11/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/12/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
03/15/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Brandi Lawson

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Print Date: 03-31-2010
Print Time: 08:33:29AM
Last Update: 3/31/2010 8:33:18AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
03/16/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
03/17/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/18/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/19/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
03/22/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
03/23/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
03/24/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0600
03/25/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
03/26/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/29/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/30/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
03/31/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Brandi Lamon

391 - Capacity Building-Site Specific | 021 - Program Support Service | 000 - General Duties | 058 - Ottawa County Health Dept. | 0400

TOTAL HOURS: **184.00**

ProgramCode	Hours	% Of Hours For Month
391 - Capacity Building-Site Specific	170.67	93 %
411 - Emergency Preparedness (CDC)	6.00	3 %
428 - Senior Companion Program	7.33	4 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Renedire Luna

Supervisor's Signature Brandi Lamon

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Print Date: 03-28-2010
Print Time: 08:06:52PM
Last Update: 3/28/2010 8:06:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
03/01/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/02/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/03/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	577 - H1N1 Planning Activities	058 - Ottawa County Health Dept.	0100
03/04/2010	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/05/2010	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	577 - H1N1 Planning Activities	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Kim Williams, RN

Supervisor's Signature Kelli Rader/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Print Date: 03-28-2010
Print Time: 08:06:52PM
Last Update: 3/28/2010 8:06:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
03/06/2010	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0140
03/08/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/09/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
03/10/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
03/11/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/12/2010	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Kim Williams, RN

Supervisor's Signature Kelli Hader/fmb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Print Date: 03-28-2010
Print Time: 08:06:52PM
Last Update: 3/28/2010 8:06:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/15/2010	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/16/2010	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
03/17/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/18/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Kim Williams, RN

Supervisor's Signature Kelli Hader/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Print Date: 03-28-2010
Print Time: 08:06:52PM
Last Update: 3/28/2010 8:06:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/19/2010	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	577 - H1N1 Planning Activities	058 - Ottawa County Health Dept.	0100
03/22/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	020 - Direct Program Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/23/2010	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	577 - H1N1 Planning Activities	058 - Ottawa County Health Dept.	0100
03/24/2010	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	504 - Training/Education	058 - Ottawa County Health Dept.	0700
03/25/2010	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
03/26/2010	231 - Child Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Kim Williams, RN

Supervisor's Signature Kelli Rader/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 3 Year 2010

Employee: KIM R. WILLIAMS
Employee ID:
Location: -

Print Date: 03-28-2010
Print Time: 08:06:52PM
Last Update: 3/28/2010 8:06:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	577 - H1N1 Planning Activities	058 - Ottawa County Health Dept.	0100
03/29/2010	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
03/30/2010	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
03/31/2010	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800

TOTAL HOURS: 186.67

ProgramCode	Hours	% Of Hours For Month
231 - Child Health	6.00	3 %
241 - Family Planning	32.33	17 %
264 - Tuberculosis	13.67	7 %
266 - Immunization	28.33	15 %
270 - Sexually Transmitted Disease	28.00	15 %
275 - General Communicable Dis	15.00	8 %
301 - All Personal Health\Local Health	25.00	13 %
360 - VFC Immunization	2.00	1 %
391 - Capacity Building-Site Specific	4.67	3 %
392 - Public Health Emergency Response	14.67	8 %
411 - Emergency Preparedness (CDC)	7.00	4 %
475 - Medicaid Administrative Claiming	10.00	5 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Kim Williams

Supervisor's Signature Kelli Rader

SSN	L Name	F Name	MI	PGM	ACT	Task	Field8	LOC	HRS	L HRS	Total HRS	Field13	SAL	Fringe	Total	Field17
	BARR	CHERYL		391	021	000			16	2.15	18.15	100	69.28	21.75	91.03	
	TIRRES	REMEDIOS		391	020	000		058	97.67	7.22	104.89	65.6	1156.16	1042.02	2198.18	
	TIRRES	REMEDIOS		391	021	000		058	45.68	3.38	49.06	34.4	541.07	487.65	1028.72	
	WALDRON	SUSAN	A	391	020	000		058	4	0.32	4.32	2.7	106.38	38.27	144.65	
	WALDRON	SUSAN	A	391	021	000		058	108	8.82	116.82	97.3	2895.91	1041.78	3937.69	

Sonny,
Here's list
of T+Es needed
for Feb.
Thanks,
Kathen

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 2 Year 2010

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 03-02-2010
Print Time: 09:01:52AM
Last Update: 3/2/2010 9:01:32AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
02/01/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/02/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/03/2010	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
02/04/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/05/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
02/08/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/09/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/10/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/11/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
02/12/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
02/15/2010	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
02/16/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/17/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/18/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/19/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
02/22/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/23/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/24/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/25/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
02/26/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400

TOTAL HOURS: 160.00

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl L Barr

Supervisor's Signature Sharon Vaz

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	144.00	90 %
391 - Capacity Building-Site Specific	16.00	10 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl LeBau

Supervisor's Signature Sharon Vaz

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 2 Year 2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-26-2010
Print Time: 08:30:20AM
Last Update: 2/26/2010 8:30:06AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
02/01/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/02/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/03/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
02/04/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/05/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
02/08/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/09/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
02/10/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
02/11/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/12/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/15/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/16/2010	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 2 Year 2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-26-2010
Print Time: 08:30:20AM
Last Update: 2/26/2010 8:30:06AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
02/17/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/18/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
02/19/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/22/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
02/23/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/24/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
02/25/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
02/26/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
				TOTAL HOURS:	160.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	11.00	7 %
391 - Capacity Building-Site Specific	143.33	90 %
428 - Senior Companion Program	5.67	4 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Wildman

last day 2-26-10

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 2 Year 2010

Print Date: 02-26-2010
Print Time: 02:04:09PM
Last Update: 2/26/2010 2:03:17PM

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

RECEIVED
2010 MAR - 3 P 2:10

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
02/01/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/02/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/03/2010	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	021 - Delaware County Health Dept.	0400
02/04/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/05/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
02/08/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/09/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0200
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	021 - Delaware County Health Dept.	0400
02/10/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/11/2010	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
02/12/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/15/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/16/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
02/17/2010	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	058 - Ottawa County Health Dept.	0300
02/18/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/19/2010	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
02/22/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/23/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/24/2010	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
02/25/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0300

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature J Nichols

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 2 Year 2010

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-26-2010
Print Time: 02:04:09PM
Last Update: 2/26/2010 2:03:17PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	392 - Public Health Emergency Response	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
02/26/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800

TOTAL HOURS: 160.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	21.00	13 %
391 - Capacity Building-Site Specific	112.00	70 %
392 - Public Health Emergency Response	6.00	4 %
420 - Health Promotion	10.00	6 %
667 - Turning Point	11.00	7 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature J Nichols

SSN	L Name	F Name	MI	PGM	ACT	Task	Field8	LOC	HRS	L HRS	Total HRS	Field13	SAL	Fringe	Total
	BARR	CHERYL		391	021	000			9	6.3	15.3	100	380.77	133.61	514.38
	TIRRES	REMEDIOS		391	020	000		058	79	18.59	97.59	58.1	1023.98	922.88	1946.86
	TIRRES	REMEDIOS		391	021	000		058	52.33	12.32	64.65	41.9	678.54	611.55	1290.09
	WALDRON	SUSAN	A	391	020	000		058	7	1.86	8.86	5.3	210.06	75.12	285.18
	WALDRON	SUSAN	A	391	021	000		058	80.67	21.39	102.06	94.7	2421.67	866.02	3287.69

Sonny,
Please pull these T+E's.
Thank you,
Katherine

Jan. T+E's

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 1 Year 2010

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 02-03-2010
Print Time: 04:04:53PM
Last Update: 2/3/2010 4:04:19PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
01/01/2010	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	009 - Holiday	000 - General Duties	-	0400
01/04/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
01/05/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
01/06/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0200
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
01/07/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
01/08/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0500
01/11/2010	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
01/12/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/13/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/14/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/15/2010	383 - Childhood Lead Poisoning Prev	002	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	002	000 - General Duties	-	0400
01/18/2010	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
01/19/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/20/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/21/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/22/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
01/25/2010	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0500
	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0200
01/26/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/27/2010	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
01/28/2010	383 - Childhood Lead Poisoning Prev	014 -	000 - General Duties	-	0800
01/29/2010	383 - Childhood Lead Poisoning Prev	014 -	000 - General Duties	-	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature Sharon Cox

391 - Capacity Building-Site Specific 014 - Administrative Leave 000 - General Duties 0400

TOTAL HOURS: 170.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	149.00	88 %
391 - Capacity Building-Site Specific	21.00	12 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 1 Year 2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-01-2010
Print Time: 09:50:44AM
Last Update: 2/1/2010 9:50:22AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
01/01/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/04/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/05/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/06/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/07/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/08/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/11/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
01/12/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
01/13/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
01/14/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
01/15/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/18/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/19/2010	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/20/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 1 Year 2010

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-01-2010
Print Time: 09:50:44AM
Last Update: 2/1/2010 9:50:22AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
01/21/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/22/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/25/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
01/26/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
01/27/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
01/28/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/29/2010	301 - All Personal Health\Local Health	014 -	000 - General Duties	058 - Ottawa County Health Dept.	0800

TOTAL HOURS: 168.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	32.00	19 %
391 - Capacity Building-Site Specific	131.33	78 %
428 - Senior Companion Program	4.67	3 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet

Month 1 Year 2010

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-01-2010
Print Time: 03:19:20PM
Last Update: 2/1/2010 3:19:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
01/01/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/04/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/05/2010	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0500
	667 - Turning Point	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0300
01/06/2010	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/07/2010	230 - Teen Pregnancy Project	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/08/2010	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/11/2010	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
01/12/2010	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0500
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	021 - Delaware County Health Dept.	0300
01/13/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
01/14/2010	230 - Teen Pregnancy Project	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
01/15/2010	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/18/2010	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/19/2010	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
01/20/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0500
01/21/2010	025 - Health Equity/Resource (HERO)	021 - Program Support Service	664 - Confer/Meeting/Training Attend	058 - Ottawa County Health Dept.	0220
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0540
01/22/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 1 Year 2010

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 02-01-2010
Print Time: 03:19:20PM
Last Update: 2/1/2010 3:19:07PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
01/25/2010	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	021 - Delaware County Health Dept.	0200
01/26/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/27/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/28/2010	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
01/29/2010	301 - All Personal Health\Local Health	014 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	168.00

ProgramCode	Hours	% Of Hours For Month
025 - Health Equity/Resource (HERO)	2.33	1 %
230 - Teen Pregnancy Project	6.00	4 %
301 - All Personal Health\Local Health	40.00	24 %
391 - Capacity Building-Site Specific	87.67	52 %
420 - Health Promotion	24.00	14 %
667 - Turning Point	8.00	5 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/lmb

SSN	L Name	F Name	MI	PGM	ACT	Task	Field8	LOC	HRS	L HRS	Total HRS	Field13	SAL	Fringe	Total	Field17
	BARR	CHERYL		391	021	000			8.01	4	12.01	100	292.11	99.91	392.02	
	TIRRES	REMEDIOS		391	020	000		058	90.67	13.61	104.28	56.7	1008.43	854.78	1863.21	
	TIRRES	REMEDIOS		391	021	000		058	43	6.46	49.46	43.3	478.42	405.53	883.95	
	WALDRON	SUSAN	A	391	020	000		058	16	5.57	21.57	12.1	480.58	166.44	647.02	
	WALDRON	SUSAN	A	391	021	000		058	80.67	28.11	108.78	87.9	2426.73	840.45	3267.18	

December 2009
T+E's

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 01-06-2010
Print Time: 11:49:04AM
Last Update: 1/6/2010 11:48:33AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
12/01/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
12/02/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
12/03/2009	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0800
12/04/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
12/07/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/08/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/09/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/11/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
12/14/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0800
12/15/2009	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0440
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0320
12/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/17/2009	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0500
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0300
12/18/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	004 -	000 - General Duties	-	0400
12/21/2009	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0800
12/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
12/23/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
12/24/2009	383 - Childhood Lead Poisoning Prev	014 -	000 - General Duties	-	0320
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0440
12/25/2009	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
12/28/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl W Barr

Supervisor's Signature Sharon Var

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: CHERYL BARR
Employee ID
Location: 231 - Screening, Special Services And Ss

Print Date: 01-06-2010
Print Time: 11:49:04AM
Last Update: 1/6/2010 11:48:33AM

Activity Date	Program Code	Activity Code	Task Code		Location Code	Time
12/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-		0800
12/30/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-		0800
12/31/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-		0800

TOTAL HOURS: 184.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	172.00	93 %
391 - Capacity Building-Site Specific	12.00	7 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature Sharon Wax

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 12-31-2009
Print Time: 08:09:22AM
Last Update: 12/31/2009 8:09:05AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
12/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0520
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
12/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/04/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
12/07/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
12/08/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/09/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/10/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
12/11/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
12/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
12/15/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
12/16/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0740
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
12/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0640
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
12/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 12-31-2009
Print Time: 08:09:22AM
Last Update: 12/31/2009 8:09:05AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0200
12/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
12/22/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
12/24/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/29/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/30/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/31/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800

TOTAL HOURS: 184.00

ProgramCode	Hours	% Of Hours For Month
266 - Immunization	20.00	11 %
301 - All Personal Health\Local Health	24.00	13 %
391 - Capacity Building-Site Specific	133.67	73 %
392 - Public Health Emergency Response	2.00	1 %
428 - Senior Companion Program	4.33	2 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 01-04-2010
Print Time: 09:57:25AM
Last Update: 1/4/2010 9:57:12AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
12/01/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0300
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	392 - Public Health Emergency Response	021 - Program Support Service	915 - Influenza	058 - Ottawa County Health Dept.	0200
12/02/2009	392 - Public Health Emergency Response	021 - Program Support Service	915 - Influenza	058 - Ottawa County Health Dept.	1000
12/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/04/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
12/07/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/08/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/09/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/10/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/11/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/14/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/15/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	021 - Delaware County Health Dept.	0400
12/16/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/17/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	667 - Turning Point	427 - Support: Community Development	682 - Turning Point General Activities	058 - Ottawa County Health Dept.	0320
12/18/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
12/21/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/22/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/23/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
12/24/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/25/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
12/29/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0200

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 12 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 01-04-2010
Print Time: 09:57:25AM
Last Update: 1/4/2010 9:57:12AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
12/30/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
12/31/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	667 - Turning Point	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0200
				TOTAL HOURS:	186.00

ProgramCode	Hours	% Of Hours For Month
266 - Immunization	6.00	3 %
301 - All Personal Health\Local Health	62.00	33 %
391 - Capacity Building-Site Specific	96.67	52 %
392 - Public Health Emergency Response	12.00	6 %
667 - Turning Point	9.33	5 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

November T+E

Te005sum_391

12/22/2009

SSN	L Name	F Name	MI	PGM	ACT	Task	Field8	LOC	HRS	L HRS	Total HRS	Field13	SAL	Fringe	Total	Field17
	BARR	CHERYL		391	021	000			12	2.51	14.51	100	393.72	134.66	528.38	
	TIRRES	REMEDIOS		391	020	000		058	38.67	18.54	57.21	33.1	588.69	499	1087.69	
	TIRRES	REMEDIOS		391	021	000		058	34	16.3	50.3	66.9	517.55	438.69	956.24	
	WALDRON	SUSAN	A	391	020	000		058	25	5.7	30.7	17.8	706.97	244.85	951.82	
	WALDRON	SUSAN	A	391	021	000		058	41	9.31	50.31	82.2	1155.78	400.28	1556.06	

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 11 Year 2009

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 12-02-2009
Print Time: 04:17:35PM
Last Update: 12/2/2009 4:14:44PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
11/02/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/03/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0600
	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0300
11/04/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/05/2009	383 - Childhood Lead Poisoning Prev	004 -	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
11/06/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
11/09/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0400
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
11/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/11/2009	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
11/12/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/13/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
11/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/18/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/19/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/20/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
11/23/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0800
11/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/25/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
11/26/2009	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
11/27/2009	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	009 - Holiday	000 - General Duties	-	0400
11/30/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800

TOTAL HOURS: 168.00

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature Sharon Vaz 12/02/09

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	152.00	90 %
391 - Capacity Building-Site Specific	16.00	10 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Ann

Supervisor's Signature Sharon Vaz 12/2/09.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 11 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 11-30-2009
Print Time: 04:45:18PM
Last Update: 11/30/2009 4:44:57PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
11/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
11/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0700
11/04/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
11/05/2009	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
11/06/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0440
11/07/2009	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0440
11/09/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
11/10/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
11/11/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/12/2009	301 - All Personal Health\Local Health	004	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/13/2009	301 - All Personal Health\Local Health	004	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/16/2009	301 - All Personal Health\Local Health	004	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/17/2009	301 - All Personal Health\Local Health	004	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 11 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 11-30-2009
Print Time: 04:45:18PM
Last Update: 11/30/2009 4:44:57PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
11/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
11/20/2009	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
11/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
11/24/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
11/25/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
11/26/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/27/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/30/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
				TOTAL HOURS:	172.67

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	56.00	32 %
391 - Capacity Building-Site Specific	72.67	42 %
392 - Public Health Emergency Response	40.33	23 %
428 - Senior Companion Program	3.67	2 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 11 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 11-30-2009
Print Time: 04:53:14PM
Last Update: 11/30/2009 4:52:58PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
11/02/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
11/03/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0300
11/04/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/05/2009	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	021 - Delaware County Health Dept.	0200
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0200
11/06/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
11/07/2009	392 - Public Health Emergency Response	020 - Direct Program Service	915 - H1N1 Influenza	018 - Craig County Health Dept.	0400
11/09/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
11/10/2009	392 - Public Health Emergency Response	020 - Direct Program Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0300
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0500
11/11/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/12/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/13/2009	392 - Public Health Emergency Response	020 - Direct Program Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	427 - Support: Community Development	502 - Preparedness/Response Plann	018 - Craig County Health Dept.	0400
11/16/2009	392 - Public Health Emergency Response	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0500
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0300
11/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	058 - Ottawa County Health Dept.	0200
11/18/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
11/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
11/20/2009	392 - Public Health Emergency Response	020 - Direct Program Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0900

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 11 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 11-30-2009
Print Time: 04:53:14PM
Last Update: 11/30/2009 4:52:58PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
11/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	020 - Direct Program Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0140
11/24/2009	231 - Child Health	021 - Program Support Service	504 - Training/Education	021 - Delaware County Health Dept.	0900
11/25/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
11/26/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/27/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
11/30/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	667 - Turning Point Grant	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0400
				TOTAL HOURS:	**172.67**

ProgramCode	Hours	% Of Hours For Month
231 - Child Health	9.00	5 %
301 - All Personal Health\Local Health	32.00	19 %
391 - Capacity Building-Site Specific	66.00	38 %
392 - Public Health Emergency Response	43.67	25 %
411 - Emergency Preparedness (CDC)	4.00	2 %
420 - Health Promotion	14.00	8 %
667 - Turning Point Grant	4.00	2 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nicholson

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 10/01/2009 THRU 10/31/2009

DATE RUN 12/22/2009
PAGE 1

NAME (LAST)	F	PROG	ACT	TASK	OUT	SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
BARR Cheryl	C	391	021	000			12.00	8.51	20.51	100.0	474.15	162.17	636.32
TOTAL							12.00	8.51	20.51	100.0	474.15	162.17	636.32
TIRRES Remedios	R	391	020	000			51.67	0.00	51.67	29.4	522.89	443.22	966.11
		391	021	000			40.68	0.00	40.68	70.6	410.84	348.24	759.08
SUBTOTAL		391					92.35	0.00	92.35	100.0	933.73	791.46	1725.19
TOTAL							92.35	0.00	92.35	100.0	933.73	791.46	1725.19
WALDRON Susan	S	391	020	000			18.00	4.47	22.47	12.9	512.35	149.27	661.62
		391	021	000			31.00	7.69	38.69	87.1	881.73	256.89	1138.62
SUBTOTAL		391					49.00	12.16	61.16	100.0	1394.08	406.16	1800.24
TOTAL							49.00	12.16	61.16	100.0	1394.08	406.16	1800.24
GRAND TOTAL							153.35	20.67	174.02	100.0	2,801.96	1,359.79	4,161.75

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 10 Year 2009

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 11-04-2009
Print Time: 09:14:37AM
Last Update: 11/4/2009 9:14:15AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
10/01/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/02/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
10/05/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
10/06/2009	383 - Childhood Lead Poisoning Prev	002	000 - General Duties	-	0800
10/07/2009	383 - Childhood Lead Poisoning Prev	002	000 - General Duties	-	0800
10/08/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
10/09/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	002 -	000 - General Duties	-	0400
10/12/2009	383 - Childhood Lead Poisoning Prev	002	000 - General Duties	-	0800
10/13/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
10/14/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
10/15/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
10/16/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	008 -	000 - General Duties	-	0400
10/19/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/20/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/21/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/23/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
10/25/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0700
10/26/2009	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0800
10/27/2009	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0800
10/28/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0600
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
10/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
10/30/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature J. M. Coppolano

TOTAL HOURS: 188.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	168.00	89 %
391 - Capacity Building-Site Specific	20.00	11 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl McBarr

Supervisor's Signature J. M. Coyle

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 10 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 10-30-2009
Print Time: 09:04:03AM
Last Update: 10/30/2009 9:03:46AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
10/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
10/02/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/05/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
10/06/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
10/07/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
10/08/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
10/09/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0200
10/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/13/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
10/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
10/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 10 Year 2009

Print Date: 10-30-2009
Print Time: 09:04:03AM
Last Update: 10/30/2009 9:03:46AM

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
10/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
10/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
10/20/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0700
10/21/2009	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
10/22/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0400
10/23/2009	392 - Public Health Emergency Response	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
10/26/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
10/27/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
10/28/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
10/29/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0800
10/30/2009	266 - Immunization	021 - Program Support Service	579 - H1N1 Mass Vaccination	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300

TOTAL HOURS: 176.00

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

-ProgramCode	Hours	% Of Hours For Month
266 - Immunization	33.00	19 %
391 - Capacity Building-Site Specific	92.33	52 %
392 - Public Health Emergency Response	39.00	22 %
411 - Emergency Preparedness (CDC)	9.00	5 %
428 - Senior Companion Program	2.67	2 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Luis

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 10 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 10-30-2009
Print Time: 06:15:41PM
Last Update: 10/30/2009 6:15:28PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
10/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0300
10/05/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0240
	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0520
10/06/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/07/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/08/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/09/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
10/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
10/13/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
10/14/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0200
10/15/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	504 - Training/Education	018 - Craig County Health Dept.	0800
10/16/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	504 - Training/Education	018 - Craig County Health Dept.	0600
10/19/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
10/20/2009	301 - All Personal Health\Local Health	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
10/21/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
10/22/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	018 - Craig County Health Dept.	0800
10/23/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0600
10/26/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 10 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 10-30-2009
Print Time: 06:15:41PM
Last Update: 10/30/2009 6:15:28PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
10/27/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0100
10/28/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0200
10/29/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	1120
10/30/2009	230 - Teen Pregnancy Project	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0300

TOTAL HOURS: 179.33

ProgramCode	Hours	% Of Hours For Month
230 - Teen Pregnancy Project	2.00	1 %
266 - Immunization	43.33	24 %
301 - All Personal Health\Local Health	48.00	27 %
391 - Capacity Building-Site Specific	49.00	27 %
392 - Public Health Emergency Response	18.00	10 %
411 - Emergency Preparedness (CDC)	14.00	8 %
420 - Health Promotion	5.00	3 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols for

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 09/01/2009 THRU 09/30/2009

DATE RUN 12/21/2009
PAGE 1

NAME (LAST)	F	PROG ACT TASK OUT SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
BARR Cheryl	C	391 021 000	12.00	1.05	13.05	100.0	296.34	101.36	397.70
TOTAL			12.00	1.05	13.05	100.0	296.34	101.36	397.70
FARLEY Deborah	D	391 020 577	1.00	0.07	1.07	0.6	32.00	15.43	47.43
		391 021 000	1.00	0.07	1.07	0.6	32.00	15.43	47.43
		391 021 577	26.00	1.96	27.96	15.9	847.96	408.96	1256.92
		391 021 578	2.00	0.17	2.17	82.9	69.32	33.44	102.76
SUBTOTAL		391	30.00	2.27	32.27	100.0	981.28	473.26	1454.54
TOTAL			30.00	2.27	32.27	100.0	981.28	473.26	1454.54
TIRRES Remedios	R	391 020 000	112.34	24.96	137.30	78.0	1387.25	1175.88	2563.13
		391 021 000	26.34	5.86	32.20	22.0	325.47	275.88	601.35
SUBTOTAL		391	138.68	30.82	169.50	100.0	1712.72	1451.76	3164.48
TOTAL			138.68	30.82	169.50	100.0	1712.72	1451.76	3164.48
WALDRON Susan	S	391 020 000	33.00	8.82	41.82	23.2	921.44	319.13	1240.57
		391 021 000	35.00	9.35	44.35	76.8	977.05	338.38	1315.43
SUBTOTAL		391	68.00	18.17	86.17	100.0	1898.49	657.51	2556.00
TOTAL			68.00	18.17	86.17	100.0	1898.49	657.51	2556.00
GRAND TOTAL			248.68	52.31	300.99	100.0	4,888.83	2,683.89	7,572.72

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 10-08-2009
Print Time: 11:35:02AM
Last Update: 10-8-2009 11:34:59AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
09/01/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/02/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
09/03/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/04/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
09/07/2009	383 - Childhood Lead Poisoning Prev	009 - Holiday	000 - General Duties	-	0800
09/08/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0200
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
09/09/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/11/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
09/14/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/15/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
09/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/18/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
09/21/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
09/22/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
09/23/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0900
09/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
09/25/2009	383 - Childhood Lead Poisoning Prev	003 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	004	000 - General Duties	-	0100
09/27/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
09/28/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	504 - Training/Education	-	0400

deleted 9-15 1.00 CT

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature corrected Payroll A

Supervisor's Signature

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Print Date: 10-08-2009
Print Time: 11:35:02AM
Last Update: 10-8-2009 11:34:59AM

Activity Date	Program Code	Activity Code	Task Code		Location Code	Time
09/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-		0800
09/30/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-		0800
					TOTAL HOURS:	186.00

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	169.00	90.86 %
391 - Capacity Building-Site Specific	13.00	6.99 %
411 - Emergency Preparedness (CDC)	4.00	2.15 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Employee: DEBORAH L. FARLEY
Employee ID:
Location: 045 - Mccurtain County Health Dept.

Print Date: 10-01-2009
Print Time: 01:41:22PM
Last Update: 10-1-2009 1:41:08PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
09/01/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0220
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	301 - All Personal Health\Local Health	421 - Support: Educ Svs to Genl Populat	000 - General Duties	045 - Mccurtain County Health Dept.	0140
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/02/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/03/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0300
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/04/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	241 - Family Planning	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	301 - All Personal Health\Local Health	421 - Support: Educ Svs to Genl Populat	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	020 - Direct Program Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/07/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	045 - Mccurtain County Health Dept.	0800
09/08/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	257 - WIC	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Deborah Farley

Supervisor's Signature Rhonda Dennis by Jimmie Whaley

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Employee: DEBORAH L. FARLEY
Employee ID:
Location: 045 - Mccurtain County Health Dept.

Print Date: 10-01-2009
Print Time: 01:41:22PM
Last Update: 10-1-2009 1:41:08PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/09/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/10/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	301 - All Personal Health\Local Health	421 - Support: Educ Svs to Genl Populat	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/11/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0200
09/14/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	257 - WIC	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Deborah Farley

Supervisor's Signature Rhonda Dennis by Jannie Whaley

Employee: DEBORAH L. FARLEY
Employee ID:
Location: 045 - Mccurtain County Health Dept.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 10-01-2009
Print Time: 01:41:22PM
Last Update: 10-1-2009 1:41:08PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/15/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0040
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0220
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/16/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0400
09/17/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0200
09/18/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0200
09/21/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	241 - Family Planning	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Deborah Farley

Supervisor's Signature Rhonda Dennis by Jannie Whaley

Employee: DEBORAH L. FARLEY
Employee ID:
Location: 045 - Mccurtain County Health Dept.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 10-01-2009
Print Time: 01:41:22PM
Last Update: 10-1-2009 1:41:08PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/22/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0140
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	301 - All Personal Health\Local Health	003 -	000 - General Duties	045 - Mccurtain County Health Dept.	0220
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/23/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	257 - WIC	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/24/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
09/25/2009	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	301 - All Personal Health\Local Health	003 -	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0200
09/28/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Deborah Farley

Supervisor's Signature Rhonda Dennis by Jannie Whaley

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Employee: DEBORAH L. FARLEY
Employee ID:
Location: 045 - Mccurtain County Health Dept.

Print Date: 10-01-2009
Print Time: 01:41:22PM
Last Update: 10-1-2009 1:41:08PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	578 - H1N1 Detection and Monitoring	045 - Mccurtain County Health Dept.	0200
09/29/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0300
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
09/30/2009	231 - Child Health	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	266 - Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0300
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	360 - VFC Immunization	021 - Program Support Service	000 - General Duties	045 - Mccurtain County Health Dept.	0100
	391 - Capacity Building-Site Specific	021 - Program Support Service	577 - H1N1 Planning Activities	045 - Mccurtain County Health Dept.	0100
				TOTAL HOURS:	176.00

ProgramCode	Hours	% Of Hours For Month
231 - Child Health	29.00	16.48 %
241 - Family Planning	13.00	7.39 %
257 - WIC	3.00	1.70 %
264 - Tuberculosis	17.00	9.66 %
266 - Immunization	39.00	22.16 %
270 - Sexually Transmitted Disease	9.00	5.11 %
301 - All Personal Health\Local Health	16.00	9.09 %
360 - VFC Immunization	20.00	11.36 %
391 - Capacity Building-Site Specific	30.00	17.05 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Deborah Farley

Supervisor's Signature Rhonda Dennis by Jammie Whaley

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Print Date: 09-30-2009
Print Time: 11:53:26AM
Last Update: 9-30-2009 11:52:57AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
09/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
09/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
09/04/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
09/07/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/08/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/09/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/10/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
09/11/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
09/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
09/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
09/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
09/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
09/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: 058 - Ottawa County Health Dept.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 09-30-2009
Print Time: 11:53:26AM
Last Update: 9-30-2009 11:52:57AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
09/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
09/22/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/23/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/24/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/25/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/29/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
09/30/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	176.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	32.00	18.18 %
391 - Capacity Building-Site Specific	138.67	78.79 %
411 - Emergency Preparedness (CDC)	2.00	1.14 %
428 - Senior Companion Program	3.33	1.89 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 10-01-2009
Print Time: 11:01:58AM
Last Update: 10-1-2009 11:01:32AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
09/01/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/02/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/03/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/04/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/07/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
09/08/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0400
09/09/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	402 - Pandemic Flu	021 - Program Support Service	000 - General Duties	018 - Craig County Health Dept.	0300
09/10/2009	025 - Health Equity/Resource (HERO)	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
09/11/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
09/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/15/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
09/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0400
09/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0400
09/18/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0300
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0400
09/19/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
09/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0500
09/22/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0400
	420 - Health Promotion	427 - Support: Community Development	000 - General Duties	021 - Delaware County Health Dept.	0400
09/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

Employee: SUSAN A WALDRON
Employee ID:
Location: 058 - Ottawa County Health Dept.

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 9 Year 2009

Print Date: 10-01-2009
Print Time: 11:01:58AM
Last Update: 10-1-2009 11:01:32AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	018 - Craig County Health Dept.	0300
09/24/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	018 - Craig County Health Dept.	0300
09/25/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
09/28/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	392 - Public Health Emergency Response	021 - Program Support Service	915 - H1N1 Influenza	058 - Ottawa County Health Dept.	0300
09/29/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0500
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0300
09/30/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
				TOTAL HOURS:	180.00

ProgramCode	Hours	% Of Hours For Month
025 - Health Equity/Resource (HERO)	5.00	2.78 %
301 - All Personal Health\Local Health	42.00	23.33 %
391 - Capacity Building-Site Specific	68.00	37.78 %
392 - Public Health Emergency Response	7.00	3.89 %
402 - Pandemic Flu	3.00	1.67 %
411 - Emergency Preparedness (CDC)	40.00	22.22 %
420 - Health Promotion	15.00	8.33 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature Jane Ann Nichols/mb

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 08/01/2009 THRU 08/31/2009

DATE RUN 11/17/2009

NAME (LAST)	F	PROG	ACT	TASK	OUT	SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
ALLEN	J	391	020	000			19.34	2.66	22.00	100.0	444.63	215.41	660.04
TOTAL							19.34	2.66	22.00	100.0	444.63	215.41	660.04
BARR	C	391	021	000			16.01	0.76	16.77	100.0	402.19	137.57	539.76
TOTAL							16.01	0.76	16.77	100.0	402.19	137.57	539.76
TIRRES	R	391	020	000			114.00	5.70	119.70	71.3	1874.14	1215.17	3089.31
		391	021	000			37.01	1.85	38.86	28.7	607.19	393.70	1000.89
SUBTOTAL		391					151.01	7.55	158.56	100.0	2481.33	1608.87	4090.20
TOTAL							151.01	7.55	158.56	100.0	2481.33	1608.87	4090.20
WALDRON	S	391	020	000			5.67	1.34	7.01	4.2	219.31	69.93	289.24
		391	021	000			74.33	17.66	91.99	95.8	2882.40	919.03	3801.43
SUBTOTAL		391					80.00	19.00	99.00	100.0	3101.71	988.96	4090.67
TOTAL							80.00	19.00	99.00	100.0	3101.71	988.96	4090.67
GRAND TOTAL							266.36	29.97	296.33	100.0	6,429.86	2,950.81	9,380.67

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 08-31-2009
Print Time: 04:28:15PM
Last Update: 8-31-2009 4:27:38PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
08/03/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0040
08/04/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
08/05/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
08/06/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/07/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0120
08/10/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0520
08/11/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0140
08/12/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
08/13/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
08/14/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0200
08/17/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/18/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
08/19/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L. Allen RN, BSN

Supervisor's Signature

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 08-31-2009
Print Time: 04:28:15PM
Last Update: 8-31-2009 4:27:38PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
08/20/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
08/21/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0140
08/24/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/25/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0140
08/26/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0140
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
08/27/2009	266 - Immunization	020 - Direct Program Service	000 - General Duties	021 - Delaware County Health Dept.	0800
08/28/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0040
08/31/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Janet L. Allen RN, BSN

Supervisor's Signature

TOTAL HOURS: 168.00

ProgramCode	Hours	% Of Hours For Month
241 - Family Planning	47.00	27.98 %
264 - Tuberculosis	4:33	2.58 %
266 - Immunization	58.33	34.72 %
270 - Sexually Transmitted Disease	8.67	5.16 %
301 - All Personal Health\Local Health	20.33	12.10 %
391 - Capacity Building-Site Specific	19.33	11.51 %
411 - Emergency Preparedness (CDC)	3.00	1.79 %
475 - Medicaid Administrative Claiming	7.00	4.17 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Janet Allen RN/BSN

Supervisor's Signature

Employee: CHERYL BARR
Employee ID:
Location: 231 - Screening, Special Services And Ss

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 09-11-2009
Print Time: 11:05:19AM
Last Update: 9-11-2009 11:05:16AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
08/03/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/04/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0400
	383 - Childhood Lead Poisoning Prev	020 - Direct Program Service	000 - General Duties	-	0300
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/05/2009	383 - Childhood Lead Poisoning Prev	010 - Travel	000 - General Duties	-	0400
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0500
08/06/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/07/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
08/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/11/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/12/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0940
08/13/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/14/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
08/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/18/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0820
08/19/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0040
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
08/20/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/21/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
08/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/25/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/26/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/27/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
08/28/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
08/31/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature corrected Payroll [illegible] Supervisor's Signature

TOTAL HOURS: 177.67

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	161.67	90.99 %
391 - Capacity Building-Site Specific	16.00	9.01 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 08-27-2009
Print Time: 11:41:06AM
Last Update: 8-27-2009 11:40:55AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
08/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
08/04/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
08/05/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
08/06/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
08/07/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/10/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
08/11/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
08/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
08/13/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
08/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0200
08/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 08-27-2009
Print Time: 11:41:06AM
Last Update: 8-27-2009 11:40:55AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
08/20/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/24/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0200
08/25/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
08/26/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0100
08/27/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
08/28/2009	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/31/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	168.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	8.00	4.76 %
391 - Capacity Building-Site Specific	151.00	89.88 %
411 - Emergency Preparedness (CDC)	5.00	2.98 %
428 - Senior Companion Program	3.00	2.38 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Print Date: 08-28-2009
Print Time: 06:23:32PM
Last Update: 8-28-2009 6:23:16PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
08/03/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0840
08/04/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0700
08/05/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0400
08/06/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	402 - Pandemic Flu	426 - Outreach and Promotion Activities	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0400
08/07/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0120
	301 - All Personal Health\Local Health	021 - Program Support Service	504 - Training/Education	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
08/10/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/11/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/12/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/13/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0400
08/14/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0400
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
08/17/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/18/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0440
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
08/19/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0200
08/20/2009	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	021 - Delaware County Health Dept.	0400
	420 - Health Promotion	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
08/21/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
08/24/2009	301 - All Personal Health\Local Health	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	402 - Pandemic Flu	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0120
08/25/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 8 Year 2009

Print Date: 08-28-2009
Print Time: 06:23:32PM
Last Update: 8-28-2009 6:23:16PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
08/26/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	058 - Ottawa County Health Dept.	0300
08/27/2009	230 - Teen Pregnancy Project	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0420
08/28/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	502 - Preparedness/Response Plann	018 - Craig County Health Dept.	0300
08/31/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	168.00

ProgramCode	Hours	% Of Hours For Month
230 - Teen Pregnancy Project	1.67	0.99 %
301 - All Personal Health\Local Health	42.00	25.00 %
391 - Capacity Building-Site Specific	80.00	47.62 %
402 - Pandemic Flu	5.33	3.17 %
411 - Emergency Preparedness (CDC)	28.67	17.06 %
420 - Health Promotion	10.33	6.15 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 07/01/2009 THRU 07/31/2009

DATE RUN 11/17/2009

NAME (LAST)	F	PROG	ACT	TASK	OUT	SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
ALLEN	J	391	020	000			16.00	8.27	24.27	13.2	424.66	215.27	639.93
		391	021	000			5.33	2.76	8.09	86.8	141.55	71.76	213.31
SUBTOTAL		391					21.33	11.03	32.36	100.0	566.21	287.03	853.24
TOTAL							21.33	11.03	32.36	100.0	566.21	287.03	853.24
BARR	C	391	021	000			12.00	1.89	13.89	100.0	342.91	117.29	460.20
TOTAL							12.00	1.89	13.89	100.0	342.91	117.29	460.20
TIRRES	R	391	001	000			4.00	3.87	7.87	4.3	76.48	64.82	141.30
		391	020	000			52.00	49.77	101.77	55.3	983.53	833.67	1817.20
		391	021	000			33.33	31.95	65.28	40.4	631.38	535.18	1166.56
SUBTOTAL		391					89.33	85.59	174.92	100.0	1691.39	1433.67	3125.06
TOTAL							89.33	85.59	174.92	100.0	1691.39	1433.67	3125.06
WALDRON	S	391	020	000			4.00	2.38	6.38	3.6	142.98	49.52	192.50
		391	021	000			72.00	43.23	115.23	96.4	2601.49	900.98	3502.47
SUBTOTAL		391					76.00	45.61	121.61	100.0	2744.47	950.50	3694.97
TOTAL							76.00	45.61	121.61	100.0	2744.47	950.50	3694.97
GRAND TOTAL							198.66	144.12	342.78	100.0	5,344.98	2,788.49	8,133.47

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 07-24-2009
Print Time: 05:21:56PM
Last Update: 7-24-2009 5:21:27PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
07/01/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/02/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0120
07/03/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/06/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
07/07/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/08/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0520
07/09/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0120
07/10/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me(	000 - General Duties	058 - Ottawa County Health Dept.	0100
07/13/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN BSN

Supervisor's Signature

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 07-24-2009
Print Time: 05:21:56PM
Last Update: 7-24-2009 5:21:27PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
07/14/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0120
07/15/2009	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0520
07/16/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/17/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
07/20/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/21/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0600
07/22/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0540
07/23/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0600

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN, BSN

Supervisor's Signature Faye Cheney RN

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Employee: JAN L ALLEN
Employee ID:
Location: -

Print Date: 07-24-2009
Print Time: 05:21:56PM
Last Update: 7-24-2009 5:21:27PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
07/24/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	020 - Direct Program Service	600 - Adult Day Care	058 - Ottawa County Health Dept.	0220
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	275 - General Communicable Dis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
07/27/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/28/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/29/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/30/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/31/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	184.00

ProgramCode	Hours	% Of Hours For Month
231 - Child Health	1.33	0.72 %
241 - Family Planning	44.00	23.91 %
264 - Tuberculosis	8.33	4.53 %
266 - Immunization	20.33	11.05 %
270 - Sexually Transmitted Disease	14.00	7.61 %
275 - General Communicable Dis	4.67	2.54 %
301 - All Personal Health\Local Health	62.67	34.06 %
391 - Capacity Building-Site Specific	21.33	11.59 %
475 - Medicaid Administrative Claiming	7.33	3.99 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature J. Allen RN, BSN

Supervisor's Signature

Employee: CHERYL BARR
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 08-13-2009
Print Time: 03:41:50PM
Last Update: 8-13-2009 3:41:47PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
07/01/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0800
07/02/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0600
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0200
07/03/2009	391 - Capacity Building-Site Specific	009 - Holiday	000 - General Duties	-	0800
07/06/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/07/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0800
07/08/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/09/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/13/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/14/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/15/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0900
07/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
07/20/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/21/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/23/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
07/27/2009	383 - Childhood Lead Poisoning Prev	002 -	000 - General Duties	-	0720
07/28/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0840
07/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/30/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
07/31/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
				TOTAL HOURS:	185.00

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature corrected Payroll

Supervisor's Signature

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	165.00	89.19 %
391 - Capacity Building-Site Specific	20.00	10.81 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature _____ Supervisor's Signature _____

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 07-24-2009
Print Time: 08:23:28AM
Last Update: 7-24-2009 8:23:17AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
07/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/03/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/06/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/07/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/08/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/09/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/10/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/13/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
07/14/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0440
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
07/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/20/2009	391 - Capacity Building-Site Specific	001 - Administration	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/21/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
07/22/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 07-24-2009
Print Time: 08:23:28AM
Last Update: 7-24-2009 8:23:17AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
07/23/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
07/24/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/27/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/28/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/29/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/30/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/31/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	**184.00**

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	90.00	48.91 %
391 - Capacity Building-Site Specific	89.33	48.55 %
428 - Senior Companion Program	4.67	2.54 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 08-03-2009
Print Time: 10:49:01AM
Last Update: 8-3-2009 10:48:25AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
07/01/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/03/2009	301 - All Personal Health\Local Health	009 - Holiday	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/04/2009	420 - Health Promotion	426 - Outreach and Promotion Activities	000 - General Duties	021 - Delaware County Health Dept.	0800
07/06/2009	301 - All Personal Health\Local Health	008 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/07/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/08/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
07/09/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/10/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/13/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/14/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/15/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0600
07/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
07/17/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	411 - Emergency Preparedness (CDC)	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/20/2009	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/21/2009	301 - All Personal Health\Local Health	003	000 - General Duties	058 - Ottawa County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
07/22/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/23/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/24/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/27/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
07/28/2009	301 - All Personal Health\Local Health	426 - Outreach and Promotion Activities	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
07/29/2009	301 - All Personal Health\Local Health	426 - Outreach and Promotion Activities	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
07/30/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 7 Year 2009

Print Date: 08-03-2009
Print Time: 10:49:01AM
Last Update: 8-3-2009 10:48:25AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	420 - Health Promotion	426 - Outreach and Promotion Activities	000 - General Duties	021 - Delaware County Health Dept.	0600
07/31/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	184.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	84.00	45.65 %
391 - Capacity Building-Site Specific	76.00	41.30 %
411 - Emergency Preparedness (CDC)	10.00	5.43 %
420 - Health Promotion	14.00	7.61 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

REPORT-ID=TE005

ALPHA SORT

OKLAHOMA DEPARTMENT OF HEALTH
LABOR DISTRIBUTION REPORT(PROGRAM CODE 391 ONLY)
PERIOD 06/01/2009 THRU 06/30/2009

DATE RUN 11/17/2009
PAGE 1

NAME (LAST)	F	PROG	ACT	TASK	OUT	SES	HOURS	LEAVE HOURS	TOTAL HOURS	% OF TIME	SALARY COST	FRINGE COST	TOTAL COST
ALLEN Jan	J	391	020	000			14.01	1.25	15.26	100.0	279.89	139.13	419.02
TOTAL							14.01	1.25	15.26	100.0	279.89	139.13	419.02
BARR Cheryl	C	391	021	000			15.00	0.00	15.00	100.0	342.91	113.95	456.86
TOTAL							15.00	0.00	15.00	100.0	342.91	113.95	456.86
BOTCHLET Robin	R	391	020	000			1.00	0.25	1.25	100.0	34.36	15.24	49.60
TOTAL							1.00	0.25	1.25	100.0	34.36	15.24	49.60
TIRRES Remedios	R	391	020	000			74.00	16.45	90.45	51.4	914.16	766.12	1680.28
		391	021	000			50.35	11.20	61.55	48.6	622.49	521.68	1144.17
SUBTOTAL		391					124.35	27.65	152.00	100.0	1536.65	1287.80	2824.45
TOTAL							124.35	27.65	152.00	100.0	1536.65	1287.80	2824.45
WALDRON Susan	S	391	020	000			4.00	0.87	4.87	2.8	111.21	37.44	148.65
		391	021	000			83.00	17.73	100.73	97.2	2271.84	764.83	3036.67
SUBTOTAL		391					87.00	18.60	105.60	100.0	2383.05	802.27	3185.32
TOTAL							87.00	18.60	105.60	100.0	2383.05	802.27	3185.32
GRAND TOTAL							241.36	47.75	289.11	100.0	4,576.86	2,358.39	6,935.25

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:01:43AM
Last Update: 6-30-2009 8:01:26AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/01/2009	231 - Child Health	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/02/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
06/03/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/04/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/05/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0300
	450 - Adult Services	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/08/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	020 - Local Expenditure System	058 - Ottawa County Health Dept.	0120
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan Allen RN, BSN

Supervisor's Signature

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:01:44AM
Last Update: 6-30-2009 8:01:26AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0200
06/09/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/10/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/11/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/12/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	301 - All Personal Health\Local Health	004 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/15/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/16/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0520
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	501 - Access to Medicaid Eligibility	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/17/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan L Allen RN BSN

Supervisor's Signature Williams RN

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:01:44AM
Last Update: 6-30-2009 8:01:26AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
06/18/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/19/2009	241 - Family Planning	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	266 - Immunization	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0220
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0120
	450 - Adult Services	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/22/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0120
06/23/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0020
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/24/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
06/25/2009	241 - Family Planning	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0240
	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	266 - Immunization	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/26/2009	264 - Tuberculosis	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
	264 - Tuberculosis	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
	270 - Sexually Transmitted Disease	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan Allen RN BSN

Supervisor's Signature

Employee: JAN L ALLEN
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:01:44AM
Last Update: 6-30-2009 8:01:26AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	475 - Medicaid Administrative Claiming	502 - Referral Coord & Monitoring of Me	000 - General Duties	058 - Ottawa County Health Dept.	0200
	475 - Medicaid Administrative Claiming	508 - Medicaid Specific Training	504 - Training/Education	058 - Ottawa County Health Dept.	0140
06/29/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
06/30/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	**176.00**

ProgramCode	Hours	% Of Hours For Month
231 - Child Health	1.00	0.57 %
241 - Family Planning	52.67	29.92 %
264 - Tuberculosis	19.00	10.80 %
266 - Immunization	17.33	9.85 %
270 - Sexually Transmitted Disease	19.67	11.17 %
275 - General Communicable Dis	2.33	1.33 %
301 - All Personal Health\Local Health	14.33	8.14 %
391 - Capacity Building-Site Specific	14.00	7.95 %
411 - Emergency Preparedness (CDC)	19.00	10.80 %
450 - Adult Services	1.33	0.76 %
475 - Medicaid Administrative Claiming	15.33	8.71 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Jan Allen RN, BSN

Supervisor's Signature

Employee: CHERYL BARR
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 07-06-2009
Print Time: 04:19:09PM
Last Update: 7-6-2009 4:18:52PM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/01/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/02/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/03/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/04/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0900
06/05/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
06/06/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0640
06/07/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
06/08/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/09/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/10/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/11/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/12/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0300
06/15/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/16/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0940
06/17/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/18/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	1000
06/19/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
06/22/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0900
06/23/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
06/24/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/25/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0100
	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0700
06/26/2009	383 - Childhood Lead Poisoning Prev	008 -	000 - General Duties	-	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	-	0400
06/29/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800
06/30/2009	383 - Childhood Lead Poisoning Prev	021 - Program Support Service	000 - General Duties	-	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Barr

Supervisor's Signature John M. Copeland

TOTAL HOURS: 189.33

ProgramCode	Hours	% Of Hours For Month
383 - Childhood Lead Poisoning Prev	174.33	92.08 %
391 - Capacity Building-Site Specific	15.00	7.92 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Cheryl Rufan

Supervisor's Signature J.M. Caylor

Employee: ROBIN W BOTCHLET
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-29-2009
Print Time: 09:31:31AM
Last Update: 6-29-2009 9:31:25AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/01/2009	236 - Newborn Metabolic Screening	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0700
06/02/2009	270 - Sexually Transmitted Disease	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0500
	343 - Tuberculosis Lab	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
06/03/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/04/2009	269 - HIV Prevention Project	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	275 - General Communicable Dis	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
	389 - E&LC – West Nile Virus	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0100
	411 - Emergency Preparedness (CDC)	502 - Referral Coord & Monitoring of Me	000 - General Duties	228 - Laboratory Service	0100
06/05/2009	299 - Laboratory	002	000 - General Duties	228 - Laboratory Service	0800
06/08/2009	299 - Laboratory	002	000 - General Duties	228 - Laboratory Service	0800
06/09/2009	299 - Laboratory	002 -	000 - General Duties	228 - Laboratory Service	0400
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
06/10/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/11/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/12/2009	257 - WIC	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
06/15/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/16/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0700
	411 - Emergency Preparedness (CDC)	500 - Medicaid Outreach	000 - General Duties	228 - Laboratory Service	0100
06/17/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/18/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/19/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/22/2009	299 - Laboratory	002 -	000 - General Duties	228 - Laboratory Service	0600
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0200
06/23/2009	299 - Laboratory	002 -	000 - General Duties	228 - Laboratory Service	0500

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Robin Botchlet

Supervisor's Signature Gary L McGee PhD

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Employee: ROBIN W BOTCHLET
Employee ID:
Location: -

Print Date: 06-29-2009
Print Time: 09:31:31AM
Last Update: 6-29-2009 9:31:25AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0300
06/24/2009	299 - Laboratory	002 -	000 - General Duties	228 - Laboratory Service	0500
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0300
06/25/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/26/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
06/29/2009	257 - WIC	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0400
06/30/2009	299 - Laboratory	020 - Direct Program Service	000 - General Duties	228 - Laboratory Service	0800
				TOTAL HOURS:	**176.00**

ProgramCode	Hours	% Of Hours For Month
236 - Newborn Metabolic Screening	1.00	0.57 %
257 - WIC	8.00	4.55 %
269 - HIV Prevention Project	1.00	0.57 %
270 - Sexually Transmitted Disease	1.00	0.57 %
275 - General Communicable Dis	1.00	0.57 %
299 - Laboratory	159.00	90.34 %
343 - Tuberculosis Lab	1.00	0.57 %
389 - E&LC – West Nile Virus	1.00	0.57 %
391 - Capacity Building-Site Specific	1.00	0.57 %
411 - Emergency Preparedness (CDC)	2.00	1.14 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Robin Botchlet

Supervisor's Signature Mary L Murphy

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Print Date: 06-26-2009
Print Time: 09:47:43AM
Last Update: 6-26-2009 9:47:34AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/01/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/02/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/03/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/04/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/05/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/08/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/09/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0340
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/10/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/11/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/12/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/15/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/16/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0320
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0040
06/18/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/19/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0240

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: REMEDIOS TIRRES
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-26-2009
Print Time: 09:47:44AM
Last Update: 6-26-2009 9:47:34AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/22/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/23/2009	301 - All Personal Health\Local Health	003	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/24/2009	301 - All Personal Health\Local Health	003	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/25/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0140
	428 - Senior Companion Program	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0020
06/26/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/29/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
06/30/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	176.00

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	32.00	18.18 %
391 - Capacity Building-Site Specific	124.33	70.64 %
411 - Emergency Preparedness (CDC)	16.00	9.09 %
428 - Senior Companion Program	3.67	2.08 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Remedios Tirres

Supervisor's Signature Susan Waldron

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:06:02AM
Last Update: 6-30-2009 8:05:55AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/01/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/02/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0200
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0600
06/03/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/04/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0300
06/05/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
06/08/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/09/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0200
06/10/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
06/11/2009	411 - Emergency Preparedness (CDC)	020 - Direct Program Service	504 - Training/Education	058 - Ottawa County Health Dept.	0800
06/12/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/15/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/16/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/17/2009	391 - Capacity Building-Site Specific	020 - Direct Program Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/18/2009	301 - All Personal Health\Local Health	003 -	000 - General Duties	058 - Ottawa County Health Dept.	0700
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0100
06/19/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/22/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0400
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0400
06/23/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0300
	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0500
06/24/2009	391 - Capacity Building-Site Specific	021 - Program Support Service	000 - General Duties	058 - Ottawa County Health Dept.	0800

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

Employee: SUSAN A WALDRON
Employee ID:
Location: -

Oklahoma State Department of Health
Time and Effort (T&E) Sheet
Month 6 Year 2009

Print Date: 06-30-2009
Print Time: 08:06:02AM
Last Update: 6-30-2009 8:05:55AM

Activity Date	Program Code	Activity Code	Task Code	Location Code	Time
06/25/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0600
	420 - Health Promotion	425 - Community Planning Committees	000 - General Duties	021 - Delaware County Health Dept.	0200
06/26/2009	385 - Abstinence Grant	021 - Program Support Service	000 - General Duties	021 - Delaware County Health Dept.	0800
06/29/2009	301 - All Personal Health\Local Health	002 -	000 - General Duties	058 - Ottawa County Health Dept.	0800
06/30/2009	301 - All Personal Health\Local Health	002	000 - General Duties	058 - Ottawa County Health Dept.	0800
				TOTAL HOURS:	**176.00**

ProgramCode	Hours	% Of Hours For Month
301 - All Personal Health\Local Health	31.00	17.61 %
385 - Abstinence Grant	37.00	21.02 %
391 - Capacity Building-Site Specific	87.00	49.43 %
411 - Emergency Preparedness (CDC)	16.00	9.09 %
420 - Health Promotion	5.00	2.84 %

I certify that these statements are correct and that hours for each work period are accurate.

Employee's Signature Susan Waldron

Supervisor's Signature

FEES

06/01/2009 to 03/31/2010

Claims	1,997.99
PROGCOST - Fees	475.36
Total Fees	$ 2,473.35

Claims are the direct costs and PROGCOST are the allocated costs. These are costs for professional services. Examples might be things like developing curricula for training materials or speaker fees. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	~~61.03~~	~~109.86~~	~~23.82~~	~~800.29~~
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	~~6.05~~	~~10.89~~	~~2.36~~	~~79.33~~
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
~~67.08~~	~~120.75~~	~~26.18~~	~~879.62~~
762.28	**1,462.35**	**167.70**	**9,587.38**

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By _____

Grant Name: Ottawa County Lead - Site Spec
Grant Number 2929011736
Grant Period 09/15/2009 TO 09/14/2010
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	61.03	109.86	23.82	800.29
200910	47.44	70.21	4.10	383.47
200911	48.89	64.83	11.08	568.32
200912	83.37	71.48	0.99	713.84
201001	31.67	40.96	0.72	371.07
201003	28.59	55.56	0.72	388.46
Total	**300.99**	**412.90**	**41.43**	**3,225.45**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	6.05	10.89	2.36	79.33
200910	2.90	4.29	0.25	23.44
200911	3.11	4.13	0.71	36.20
200912	7.78	6.67	0.09	66.57
201001	3.21	4.16	0.07	37.67
201003	3.06	5.95	0.08	41.61
Total	**26.11**	**36.09**	**3.56**	**284.82**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
67.08	120.75	26.18	879.62
50.34	74.50	4.35	406.91
52.00	68.96	11.79	604.52
91.15	78.15	1.08	780.41
34.88	45.12	0.79	408.74
31.65	61.51	0.80	430.07
327.10	**448.99**	**44.99**	**3,510.27**

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002JUL09B	8/26/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
26 371 13	34000	00194961	Not Paid

VOUCHER DATE October/23/2009 | Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0009151 Vouchers from Remote Agencies | Related Voucher No. | Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	26 371 13	554120		40000	4088002	10					

TOTAL 26 371 13

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 10/23/2009

VCHR 34000 00194961

009151 file

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Jul 09 B		Invoice Date	26-Aug 09
Activity	40	Community Health Services	Billing Period	Jul 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	11 508 23
Allocation of Costs by FTE Distribution	54 35%	131 036 22
Total Monthly Charges		**142,544 45**

Payment is due on or before **25-Sep-09**

Ref Claim

009150=101878.03

009151 = 26371 13

009152= 14295 28

B

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 JUL 09

FUND	ACCOUNT	SUB	AMOUNT
190BIX0	011020RV97	88003	21 07
190KFX0	011040ER24	88002	110 92
190KFX0	011040ER51	88002	133 10
190KFX0	011040ER61	88002	110 92
190KFX0	011040NG97	88002	6 527 55
190KFX0	011040NL97	88002	12 790 81
190KFX0	011040QC97	88002	1 024 42
190KFX0	011040W097	88002	71 714 19
190KFX0	011040WC97	88002	776 44
190KFX0	011040WN96	88002	1 414 23
210TFX0	001040CV61	88002	221 84
210WCX0	001040W097	88002	2 256 05
400AR90	001040NC97	88002	4 776 49
400AR90	001040TQ97	88002	735 30
400BI00	001040RV97	88002	268 42
400BT90	001040NW58	88002	221 84
400CD90	0010405Y97	88002	102 49
400CD90	001040P797	88002	718 17
400CD90	001040PG97	88002	1 231 17
400CG90	001040PK97	88002	175 25
400CK90	0010405D97	88002	272 84
400CK90	0010405S97	88002	2 994 84
400CM90	001040TS97	88002	5 132 57
400CT80	001040PN97	88002	110 92
400EA90	001040VG97	88002	2 333 73
400EA90	001040W097	88002	12 073 59
400EM90	001040VJ97	88002	277 30
400GC00	001040NL96	88002	249 57
400HFX0	001040VM97	88002	13 768 42
		TOTAL	142,544 45

CL 009150
101818.03

CL 009151
26371 13

CL 009152
14295.24

Direct Billing

Month Jul 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	1 017 83	22 76	252	PHOCIS Non Program Related
JAMIE BARNES	2 948 03	99 40	252	PHOCIS Non Program Related
KANOKPAN D FLINN	1 679 53	54 60	252	PHOCIS Non Program Related
NANCY J IVINS	1 481 47	40 97	252	PHOCIS Non Program Related
THOR SHAFFER	95 95	2 65	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	4 002 72	100 00	252	PHOCIS Non Program Related
WILLIAM M HOLMBERG	282 70	8 82	252	PHOCIS Non Program Related
Total	**$11,508 23**			

Coleman, Denise M

From Davis Mark L
Sent Thursday October 15 2009 5 32 PM
To Coleman Denise M
Subject July Data Bills

4040002 can be submitted for July

Thanks
Mark

Mark Davis
Budget and Funding
Ext 56363

.oleman, Denise M

From	Davis Mark L
Sent	Thursday October 15 2009 5 32 PM
To	Coleman Denise M
Subject	July Data Bills

4040002 can be submitted for July

Thanks,
Mark

Mark Davis
Budget and Funding
Ext 56363

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002MAY09A	6/19/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
119 027 08	34000	00189726	Not Paid

VOUCHER DATE August/20/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0004126 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	112 342 16	554120		19901	4088002	09					
	1 314 81	554120		21000	4088002	09					
	5 370 11	554120		40000	4088002	09					

TOTAL 119 027 08

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 8/20/2009

VCHR 34000 00189726

A

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 MAY 09

004126 #74

004126

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	466 86
199KFX9	010940NG97	88002	6 367 11
199KFX9	010940NL97	88002	15 979 65
199KFX9	010940QC97	88002	1 339 58
199KFX9	010940W097	88002	87,169 71
199KFX9	010940WC97	88002	1 019 25
210TFX9	000940CV61	88002	291 21
210WCX9	000940W097	88002	848 88
210WHX9	000940W097	88002	174 72
400AR99	000940NC97	88002	2 678 43
400AR99	000940TQ97	88002	2 080 14
400BI99	000940RV97	88002	349 45
400BT99	000940NW58	88002	262 09
400CD99	0009405Y97	88002	134 68
400CD99	000940P797	88002	942 80
400CD99	000940PG97	88002	2 297 68
400CG99	000940PK97	88002	145 60
400CK99	0009405D97	88002	358 17
400CK99	0009405S97	88002	5 423 86
400CM99	000940TS97	88002	6 873 36
400CT89	000940PN97	88002	145 60
400CY99	000940TN21	88002	174 72
400EA99	000940VG97	88002	2 917 23
400EA99	000940W097	88002	14 348 42
400EM99	000940VJ97	88002	436 82
400GC99	000940NL97	88002	345 81
400GC99	000940W096	88002	1,951 13
400HFX9	000940VM97	88002	17 886 38
		TOTAL	173,409 34

CL 004126
119,027.08

CL 004127
34544.75

CL 004128
19837.51

RECEIVED
AUG 18 2009
Accounting Services

PAYEE DSDH
SEE
P2

Grace E Brown
Chief Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 May 09		**Invoice Date**	19-Jun-09
Activity	40	Community Health Services	**Billing Period**	May 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	4 049 12
Allocation of Costs by FTE Distribution	55 30%	169 360 22
Total Monthly Charges		**173,409 34**

Payment is due on or before 20-Jul-09

RECEIVED
AUG 18 2009
Accounting Services

Grace E Brown
Chief Accounting Services

Direct Billing

Month May 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	223 88	10 08	252	PHOCIS - Non Program Related
JAMIE BARNES	1 396 27	94 73	252	PHOCIS - Non Program Related
KANOKPAN D FLINN	621 29	34 78	252	PHOCIS Non Program Related
NANCY J IVINS	277 44	15 45	252	PHOCIS Non Program Related
THOR SHAFFER	108 25	6 02	252	PHOCIS - Non Program Related
TIMOTHY M HIGDON	1 421 99	71 52	252	PHOCIS Non Program Related
Total	**$4,049 12**			

RECEIVED

AUG 18 2009

Accounting Services

Grace E Brown

Chief Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF .
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002APR09	6/1/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
106 071 58	34000	00186697	Not Paid

VOUCHER DATE July/13/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0001127 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	99 978 15	554120		19901	4088002	09					
	1 269 01	554120		21000	4088002	09					
	4 824 42	554120		40000	4088002	09					

TOTAL	106 071 58

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Grace E Brown
Chief Accounting Services
Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 7/13/2009

VCHR 34000 00186697

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 APR 09

A

001127
AZ

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	405 79
199KFX9	010940NG97	88002	5 532 59
199KFX9	010940NL97	88002	14 011 78
199KFX9	010940QC97	88002	1,164 01
199KFX9	010940W097	88002	77,978 32
199KFX9	010940WC97	88002	885 66
210TFX9	000940CV61	88002	253 04
210WCX9	000940W097	88002	864 15
210WHX9	000940W097	88002	151 82
400AR99	000940NC97	88002	2,409 62
400AR99	000940TQ97	88002	1,807 50
400BI99	000940RV97	88002	379 56
400BT99	000940NW58	88002	227 74
400CD99	0009405Y97	88002	117 03
400CD99	000940P797	88002	819 23
400CD99	000940PG97	88002	1,404 40
400CG99	000940PK97	88002	189 78
400CK99	0009405D97	88002	311 22
400CK99	0009405S97	88002	4 712 97
400CM99	000940TS97	88002	5 713 12
400CT89	000940PN97	88002	189 78
400CY99	000940TN21	88002	151 82
400EA99	000940VG97	88002	2 534 88
400EA99	000940W097	88002	12,698 09
400EM99	000940VJ97	88002	316 30
400GC99	000940NL97	88002	300 49
400GC99	000940W096	88002	1,695 40
400HFX9	000940VM97	88002	15 795 12
		TOTAL	153,021 21

001127
126071.58

001129
27454.11

001130
17490.52

RECEIVED
JUL 08 2009
Accounting Services

Grace E Brown
Chief, Accounting Servic

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Apr 09		Invoice Date	01-Jun-09
Activity	40	Community Health Services	Billing Period	Apr 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	*Percent*	*Amount*
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	4 499 59
Allocation of Costs by FTE Distribution	55 59%	148 521 62
Total Monthly Charges		**153,021 21**

Payment is due on or before 01-Jul-09

RECEIVED Grace E Brown

JUL 0 8 2009 Chief, Accounting Services

Accounting Services

Direct Billing

Month Apr 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	132 82	5 98	252	PHOCIS Non Program Related
JAMIE BARNES	1 457 14	98 86	252	PHOCIS Non Program Related
KANOKPAN D FLINN	707 97	46 37	252	PHOCIS Non Program Related
NANCY J IVINS	295 93	16 48	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	1 905 73	95 85	252	PHOCIS Non Program Related
Total	**$4,499 59**			

RECEIVED

JUL 0 8 2009

Accounting Services

Chief, Accounting Sen

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005JUNFI	9/8/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC
I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
6 479 02	34000	00192286	Not Paid

VOUCHER DATE September/21/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0006480 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	691 12	554120		19901	3588005	09					
	5 787 90	554120		40000	3588005	09					

TOTAL 6 479 02

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 9/21/2009

VCHR 34000 00192286

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 JUN FI

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	345 58
199KDX9	010935T40A	88005	345 54
400AR99	000935T40A	88005	2 159 67
400BT99	000935NW0A	88005	34 55
400CN09	0009352G0A	88005	345 54
400CX99	000935NN0A	88005	656 54
400GM99	000935T40A	88005	2 591 60
		TOTAL	6,479 02

PAYEE: OSDH

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SEP 16 2009
Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 JunFi		Invoice Date	08-Sep-09
Activity	35	Family Health Services	Billing Period	Jun 09 Final
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	0 00
Allocation of Costs by FTE Distribution	0 89%	6 479 02
Total Monthly Charges		**6,479 02**

Payment is due on or before 08-Oct-09

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005JUN09	7/16/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
6 157 08	34000	00190563	Not Paid

VOUCHER DATE August/31/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0004790 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	346 19	554120		19901	3588005	09					
	5 810 89	554120		40000	3588005	09					

TOTAL	6 157 08

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 8/31/2009

VCHR 34000 00190563

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Jun 09		Invoice Date	16-Jul-09
Activity	35	Family Health Services	Billing Period	Jun 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 911 75
Allocation of Costs by FTE Distribution	0 89%	3 245 33
Total Monthly Charges		**6,157 08**

Payment is due on or before 17-Aug-09

004700 #8

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 JUN 09

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	173 12
199KDX9	010935T40A	88005	173 07
400AR99	000935T40A	88005	1,081 77
400BT99	000935NW0A	88005	17 30
400CN09	0009352G0A	88005	173 08
400CX99	000935NN0A	88005	328 86
400GM99	000935T40A	88005	4 209 88
		TOTAL	6,157 08

RECEIVED
AUG 24 2009
Accounting Services

Direct Billing

Month Jun 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	168 07	1 50	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	975 84	13 86	278	Metabolic Newborn Screening
NANCY J IVINS	84 76	1 18	278	Metabolic Newborn Screening
PETER M LEMMON	1 296 85	17 36	278	Metabolic Newborn Screening
THOR SHAFFER	298 48	4 15	278	Metabolic Newborn Screening
THOR SHAFFER	87 75	1 22	282	Childhood Lead Poison Prev
Total	**$2,911 75**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005MAY09	6/19/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
7 446 67	34000	00189718	Not Paid

VOUCHER DATE August/20/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0004113 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	290 76	554120		19901	3588005	09					
	7 155 91	554120		40000	3588005	09					

TOTAL 7 446 67

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 8/20/2009

VCHR 34000 00189718

3413

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 May 09		Invoice Date	19-Jun-09
Activity	35	Family Health Services	Billing Period	May 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	4 720 98
Allocation of Costs by FTE Distribution	0 89%	2 725 69
Total Monthly Charges		**7,446 67**

Payment is due on or before **20-Jul-09**

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AUG 18 2009

Accounting Services

Grace E Brown

Chief Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 MAY 09

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	145 40
199KDX9	010935T40A	88005	145 36
400AR99	000935T40A	88005	908 56
400BT99	000935NW0A	88005	14 53
400CN09	0009352G0A	88005	145 37
400CX99	000935NN0A	88005	276 20
400GM99	000935T40A	88005	5 811 25
		TOTAL	7,446 67

RECEIVED
AUG 18 2009
Accounting Services

Chief, Accounting Services

Direct Billing

Month May 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	69 30	0 78	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	2 682 66	35 48	278	Metabolic Newborn Screening
NANCY J IVINS	45 25	0 63	278	Metabolic Newborn Screening
PETER M LEMMON	748 53	10 02	278	Metabolic Newborn Screening
THOR SHAFFER	1 175 24	16 34	278	Metabolic Newborn Screening
Total	**$4,720 98**			

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AUG 18 2009
Accounting Services

Grace E Brown
Chief Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002AUG09B	10/1/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
34 643 55	34000	00197056	Not Paid

VOUCHER DATE November/17/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0011190 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	34 643 55	554120		40000	4088002	10					

TOTAL	34 643 55

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 11/17/2009

VCHR 34000 00197056

011180 212

B

Special Fund 210
Oklahoma State Department of Health
Data Managment
Intra-Agency Reimbursement

Invoice #	4040002 Aug 09		Invoice Date	01-Oct-09
Activity	40	Community Health Services	Billing Period	Aug 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	10 258 69
Allocation of Costs by FTE Distribution	54 28%	142 667 62
Total Monthly Charges		**152,926 31**

Payment is due on or before 02-Nov-09

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NOV 05 2009
Accounting Services

Ref claim
CL 011184 - 102658.42
CL 011190 - 34643.55
CL 011191 - 15624.34

Grace E Brown
Chief Accounting Officer

SPECIAL FUND 210
FEI 000080291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 AUG 09

FUND	ACCOUNT	SUB	AMOUNT
190BIX0	011020RV97	88003	27 28
190KFX0	011040ER24	88002	121 61
190KFX0	011040ER51	88002	145 93
190KFX0	011040ER61	88002	121 61
190KFX0	011040NG97	88002	7 156 64
190KFX0	011040NL97	88002	13 950 62
190KFX0	011040QC97	88002	1 118 81
190KFX0	011040W097	88002	69 751 77
190KFX0	011040WC97	88002	851 27
190KFX0	011040WN96	88002	1 550 53
210TFX0	001040CV61	88002	243 22
210WCX0	001040W097	88002	2 473 50
400AR90	001040NC97	88002	5 145 63
400AR90	001040TQ97	88002	919 28
400BI00	001040RV97	88002	294 27
400BT90	001040NW58	88002	243 22
400CD90	0010405Y97	88002	112 48
400CD90	001040P797	88002	787 36
400CD90	001040PG97	88002	1 349 76
400CG90	001040PK97	88002	182 40
400CK00	0010405D97	88002	299 13
400CK00	0010405S97	88002	3 283 47
400CM90	001040TS97	88002	5 506 76
400CT80	001040PN97	88002	182 40
400EA90	001040VG97	88002	2 680 25
400EA90	001040W097	88002	18 802 77
400EM90	001040VJ97	88002	364 82
400GC00	001040NL96	88002	273 62
400HFX0	001040VM97	88002	14 985 90
		TOTAL	152,926 31

CL 011180
$102658.42

CL 011192
34643.55

CL 011191
$624.34

011 #2

Direct Billing

Month Aug 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	525 46	11 75	252	PHOCIS Non Program Related
JAMIE BARNES	2 555 94	86 18	252	PHOCIS Non Program Related
KANOKPAN D FLINN	725 95	23 60	252	PHOCIS Non Program Related
NANCY J IVINS	2 061 39	33 91	252	PHOCIS Non Program Related
PETER M LEMMON	154 23	4 10	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	3 769 37	94 17	252	PHOCIS Non Program Related
WILLIAM M HOLMBERG	466 35	14 55	252	PHOCIS Non Program Related
Total	**$10,258 69**			

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NOV 0 5 2009
Accounting Services

Grace E Brown
Chief Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005JUL09	8/26/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
4 845 30	34000	00194765	Not Paid

VOUCHER DATE October/21/2009 Warrant Dt

Agency Board, Comm. Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0008955 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	231 97	554120		19001	3588005	10					
	4,613 33	554120		40000	3588005	10					

TOTAL 4 845 30

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 10/21/2009

VCHR 34000 00194765

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Jul 09		Invoice Date	26-Aug-09
Activity	35	Family Health Services	Billing Period	Jul 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 554 88
Allocation of Costs by FTE Distribution	0 95%	2 290 42
Total Monthly Charges		**4,845 30**

Payment is due on or before 25-Sep-09

SPECIAL FUND 210 DATA BILL FUNDING INVOICE # 3535005 JUL 09

FEI 000000291

OEC 5412AAAAAX

FUND	ACCOUNT	SUB	AMOUNT
190CX00	011035NN0A	88005	116 01
190KDX0	011035T40A	88005	115 96
400AR90	001035T40A	88005	724 81
400BT90	001035NW0A	88005	11 59
400C700	001035TJ0A	88005	115 97
400CN00	0010352G0A	88005	115 97
400CX00	001035NN0A	88005	220 34
400GM00	001035T40A	88005	3 424 65
		TOTAL	4,845 30

Direct Billing

Month Jul 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	109 12	1 22	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	776 59	10 96	278	Metabolic Newborn Screening
NANCY J IVINS	91 12	1 26	278	Metabolic Newborn Screening
PETER M LEMMON	1 562 12	16 67	278	Metabolic Newborn Screening
THOR SHAFFER	15 93	0 22	278	Metabolic Newborn Screening
Total	**$2,554 88**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005AUG09	10/1/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
4 704 49	34000	00196730	Not Paid

VOUCHER DATE November/13/2009 Warrant Dt

Agency Board, Comm. Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0010851 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	380 05	554120		19001	3588005	10					
	4 324 44	554120		40000	3588005	10					

TOTAL 4 704 49

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 11/12/2009

VCHR 34000 00196730

#15810

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Aug 09		Invoice Date	01-Oct-09
Activity	35	Family Health Services	Billing Period	Aug 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 076 13
Allocation of Costs by FTE Distribution	1 00%	2 628 36
Total Monthly Charges		**4,704 49**

Payment is due on or before 02-Nov-09

RECEIVED
NOV 0 5 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 AUG 09

FUND	ACCOUNT	SUB	AMOUNT
190CX00	011035NN0A	88005	126 73
190KDX0	011035T40A	88005	126 66
190KDX0	011035T597	88005	126 66
400AR90	001035T40A	88005	791 67
400BT90	001035NW0A	88005	12 66
400C700	001035TJ0A	88005	126 66
400CN00	0010352G0A	88005	126 66
400CX00	001035NN0A	88005	240 66
400GM00	001035T40A	88005	3 026 13
		TOTAL	4,704 49

RECEIVED
NOV 0 5 2009
Accounting Services

Grace E Brown
Chief Accounting Services

Direct Billing

Month Aug 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
EPPACHEN T DANIEL	1 181 18	16 67	278	Metabolic Newborn Screening
PETER M LEMMON	480 01	6 38	278	Metabolic Newborn Screening
THOR SHAFFER	414 94	5 73	278	Metabolic Newborn Screening
Total	**$2,076 13**			

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NOV 0 5 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002JUN09A	7/16/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
139 934 25	34000	00190558	Not Paid

VOUCHER DATE August/31/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0004778 Vouchers from Remote Agencies

Related Voucher No. Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	132 081 36	554120		19901	4088002	09					
	1 544 54	554120		21000	4088002	09					
	6 308 35	554120		40000	4088002	09					

TOTAL 139 934 25

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 8/31/2009

VCHR 34000 00190558

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 JUN 09

A

004778 $14400

004780

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	548 21
199KFX9	010940NG97	88002	7 479 52
199KFX9	010940NL97	88002	18,771 49
199KFX9	010940QC97	88002	1 573 62
199KFX9	010940W097	88002	102 511 20
199KFX9	010940WC97	88002	1,197 32
210TFX9	000940CV61	88002	342 09
210WCX9	000940W097	88002	997 20
210WHX9	000940W097	88002	205 25
400AR99	000940NC97	88002	3 146 39
400AR99	000940TQ97	88002	2 443 57
400BI99	000940RV97	88002	410 51
400BT99	000940NW58	88002	307 88
400CD99	0009405Y97	88002	158 21
400CD99	000940P797	88002	1,107 52
400CD99	000940PG97	88002	2 699 11
400CG99	000940PK97	88002	171 04
400CK99	0009405D97	88002	420 75
400CK99	0009405S97	88002	6 371 48
400CM99	000940TS97	88002	8 074 24
400CT89	000940PN97	88002	171 04
400CY99	000940TN21	88002	205 25
400EA99	000940VG97	88002	3 426 91
400EA99	000940W097	88002	16,855 26
400EM99	000940VJ97	88002	513 13
400GC99	000940NL97	88002	406 23
400GC99	000940W096	88002	2 292 02
		TOTAL	182,806 44

004778
139934 05

004779
40580 17

004780
2292.02

Pending 21,011.35

RECEIVED
AUG 24 2009
Accounting Services

PAYEE: DSDH
SEE P2

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Jun 09		Invoice Date	16-Jul-09
Activity	40	Community Health Services	Billing Period	Jun 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	4 868 29
Allocation of Costs by FTE Distribution	54 56%	198 949 50
Total Monthly Charges		**203,817 79**

Payment is due on or before 17-Aug-09

Direct Billing

Month Jun 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	532 23	19 00	252	PHOCIS Non Program Related
JAMIE BARNES	1 473 95	100 00	252	PHOCIS Non Program Related
KANOKPAN D FLINN	335 13	21 95	252	PHOCIS Non Program Related
NANCY J IVINS	438 33	24 41	252	PHOCIS - Non Program Related
THOR SHAFFER	223 68	12 44	252	PHOCIS - Non Program Related
TIMOTHY M HIGDON	1 864 97	93 80	252	PHOCIS Non Program Related
Total	**$4,868 29**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005APR09	6/1/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
6 399 05	34000	00186695	Not Paid

VOUCHER DATE July/13/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0001122 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	381 51	554120		19901	3588005	09					
	6 017 54	554120		40000	3588005	09					

TOTAL	6 399 05

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Grace E Brown
Agency Approving Officer's Signature
Chief Accounting Services

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 7/13/2009

VCHR 34000 00186695

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 APR 09

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	127 20
199KDX9	010935T40A	88005	254 ~~127 16~~
~~199KDX9~~	~~010935T597~~	~~88005~~	~~127 16~~
400AR99	000935T40A	88005	794 75
400BT99	000935NW0A	88005	12 71
400CN09	0009352G0A	88005	127 16
400CX99	000935NN0A	88005	241 60
400GM99	000935T40A	88005	4,841 32
		TOTAL	6,399 05

PL ≠ 7 10-4

RECEIVED
JUL 08 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Apr 09		Invoice Date	01-Jun-09
Activity	35	Family Health Services	Billing Period	Apr 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	3 887 62
Allocation of Costs by FTE Distribution	0 94%	2 511 43
Total Monthly Charges		**6,399 05**

Payment is due on or before 01-Jul 09

RECEIVED Grace E. Brown

JUL 0 8 2009 Chief Acc Mgm Services

Accounting Services

Direct Billing

Month	Apr 09		
Activity	35	Family Health Services	
Sub-Activity	35005	Screening & Special Services	

Employee	*Amount*	*Percentage*	*Task*	*Description*
EPPACHEN T DANIEL	1 060 33	15 06	278	Metabolic Newborn Screening
PETER M LEMMON	2 790 91	37 36	278	Metabolic Newborn Screening
THOR SHAFFER	36 38	0 43	278	Metabolic Newborn Screening
Total	**$3,887 62**			

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JUL 0 8 2009

Accounting Services

Grace E Brown

Chief Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002NOV09C	12/16/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

Claimant Date

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
44 162 35	34000	00200261	Not Paid

VOUCHER DATE December/29/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

DESCRIPTION Claim # 0014393 Vouchers from Remote Agencies

Related Voucher No

Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	44 162 35	5>4120		40000	4088002	10					

TOTAL 44 162 35

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer s Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 12/29/2009

VCHR 34000 00200261

014343 PLE

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Nov 09		**Invoice Date**	16-Dec-09
Activity	40	Community Health Services	**Billing Period**	Nov 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	5 624 98
Allocation of Costs by FTE Distribution	56 03%	220 287 38
Total Monthly Charges		**225,912 36**

Payment is due on or before 15-Jan-10

Ref Numbers
014301=~~613~~ 131113 68
014302=50626.33
014313=44462 33

RECEIVED
DEC 22 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 NOV 09

FUND	ACCOUNT	SUB	AMOUNT
190BIX0	011020RV97	88003	39 51
190KFX0	011040ER24	88002	137 64
190KFX0	011040ER51	88002	220 23
190KFX0	011040ER61	88002	183 52
190KFX0	011040NG97	88002	10 486 55
190KFX0	011040NL97	88002	19 354 76
190KFX0	011040QC97	88002	1 457 15
190KFX0	011040W097	88002	86 614 46
190KFX0	011040WC97	88002	1 033 26
190KFX0	011040WN96	88002	1 526 95
210TFX0	001040CV61	88002	367 05
210WCX0	001040W097	88002	3 354 71
400AR00	001040NC97	88002	6 337 89
400AR00	001040TQ97	88002	1 097 41
400BG00	0010402P97	~~88002~~ 88003	24,067 33
400BG00	0010402P96	88002	130 30
400BG00	0010402M97	88002	9 635 97
400BG00	0010402P97	88002	1 747 13
400BI00	001040RV97	88002	444 11
400CD90	0010405Y97	88002	68 77
400CD90	001040P797	88002	278 94
400CD90	001040PG97	88002	1 248 83
400CG90	001040PK97	88002	275 28
400CK00	0010405D97	88002	227 56
400CK00	0010405S97	88002	4 136 62
400CM90	001040TS97	88002	7 278 08
400CT80	001040PN97	88002	275 28
400EA00	001040VG97	88002	3 958 52
400EA00	001040W097	88002	17 295 76
400EM00	001040VJ97	88002	539 55
400GC00	001040NL96	88002	350 53
400HFX0	001040VM97	88002	21 371 99
400JL00	001040NW58	88002	370 72
		TOTAL	225,912 36

CL 014391
131113.68

CL 014392
50636.33

CL 014393
44162.35

PL# 1228

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DEC 22 2009
Accounting Services

Grace E Brown
Chief Accounting Services

Direct Billing

Month Nov 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	1 016 49	22 73	252	PHOCIS Non Program Related
JAMIE BARNES	2 066 58	69 68	252	PHOCIS Non Program Related
NANCY J IVINS	81 82	2 21	252	PHOCIS Non Program Related
THOR SHAFFER	75 67	2 09	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	2 384 42	59 57	252	PHOCIS Non Program Related
Total	**$5,624 98**			

RECEIVED

DEC 22 2009

Accounting Services

Grace E Brown

Chief Accounting Services

13 52 16 Monday, December 28, 2009

U CURRENT BUDGET NOT FOUND

VENDOR NAME SPECIAL FUND 210 - DATA BILLS DATE 12/28/2009
ADDR P O BOX 53551
CITY OKLAHOMA CITY STATE OK ZIPCODE 99999

ORDER NO IPO NO CLAIM NO LIQ NO FINAL PERIOD
INV-NO **4040002NOV09** INV DATE **12/16/2009** **Y** **11**
RECEIPT DATE J/E XREF PO #

FUND	ACCOUNT	SUBACT	OBJECT	COMMODITY	AMOUNT	
400AR00	001040TQ97	88002	5412AAAAAX		1,097 41	
400BG00	0010402P97	~~40002~~ 88002	5412AAAAAX		24,067 33	
400BG00	0010402096	88002	5412AAAAAX		130 30	
400BG00	0010402M97	88002	5412AAAAAX		9,635 97	
400BG00	0010402P97	88002	5412AAAAAX		1,747 13	
400BI00	001040RV97	88002	5412AAAAAX		444 11	
400CD90	0010405Y97	88002	5412AAAAAX		68 77	15B Fund Agency
400CD90	001040P797	88002	5412AAAAAX		278 94	
400CD90	001040PG97	88002	5412AAAAAX		1,248 83	Receipt Amount
400CG90	001040PK97	88002	5412AAAAAX		275 28	
400CK00	0010405D97	88002	5412AAAAAX		227 56	
400CK00	0010405S97	88002	5412AAAAAX		4,136 62	
400CM90	001040TS97	88002	5412AAAAAX		7,278 08	PS #

TOTAL ?
DISBURSEMENT VERIFICATION 50,636 33
12/28/2009 13 55 29 FISCPLI STHSCLP CP1E

1d 12/28/09

13 53 06 Monday, December 28, 2009

U INVALID ACCT NO

VENDOR NAME SPECIAL FUND 210 - DATA BILLS DATE 12/28/2009
ADDR P O BOX 53551
CITY OKLAHOMA CITY STATE OK ZIPCODE 99999

ORDER NO IPO NO CLAIM NO LIQ NO FINAL PERIOD
INV-NO 4040002NOV09 INV DATE 12/16/2009 Y 11
RECEIPT DATE J/E XREF PO #

FUND	ACCOUNT	SUBACT	OBJECT	COMMODITY	AMOUNT	
400AR00	001040TQ97	88002	5412AAAAAX		1,097 41	
400BG00	0010402Y96	88002	5412AAAAAX		130 30	
400BG00	0010402M97	88002	5412AAAAAX		9,635 97	
400BG00	0010402P97	88002	5412AAAAAX		1,747 13	
400BI00	001040RV97	88002	5412AAAAAX		444 11	
400CD90	0010405Y97	88002	5412AAAAAX		68 77	15B Fund Agency
400CD90	001040P797	88002	5412AAAAAX		278 94	
400CD90	001040PG97	88002	5412AAAAAX		1,248 83	Receipt Amount
400CG90	001040PK97	88002	5412AAAAAX		275 28	
400CK00	0010405D97	88002	5412AAAAAX		227 56	
400CK00	0010405S97	88002	5412AAAAAX		4,136 62	
400CM90	001040TS97	88002	5412AAAAAX		7,278 08	PS #

TOTAL 26,569 00

DISBURSEMENT VERIFICATION
12/28/2009 13 56 43 FISCPLI STHSCLP CP1E

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF - AUDITED BY

INVOICE NO	INVOICE DATE
4040002OCT09B	11/16/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117-1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
33 198 72	34000	00199640	Not Paid

VOUCHER DATE December/17/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0013823 Vouchers from Remote Agencies

Related Voucher No

Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	33 198 72	554120		40000	4088002	10					

TOTAL	33 198 72

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 12/17/2009

VCHR 34000 00199640

013823 #

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #·	4040002 Oct 09 B		Invoice Date:	16-Nov-09
Activity	40	Community Health Services	Billing Period·	Oct 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	7,054 06
Allocation of Costs by FTE Distribution	55 05%	152,498 47
Total Monthly Charges		**159,552 53**

Payment is due on or before 16-Dec-09

Ref. CLAIMS

CL.013822 = 95728.63

CL.013823 = 33198.72

CL.013824 = 30625 18

Grace E Brown

Chief, Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 OCT 09

FUND	ACCOUNT	SUB	AMOUNT
190BIX0	011020RV97	88003	28 78
190KFX0	011040ER24	88002	95 80
190KFX0	011040ER51	88002	153 28
190KFX0	011040ER61	88002	127 73
190KFX0	011040NG97	88002	7,286 35
190KFX0	011040NL97	88002	13,271 42
190KFX0	011040QC97	88002	1,035 89
190KFX0	011040W097	88002	64,777 46
190KFX0	011040WC97	88002	682 10
190KFX0	011040WN96	88002	1,030 82
210TFX0	001040CV61	88002	255 47
210WCX0	001040W097	88002	2,463 90
400AR00	001040NC97	88002	4,519 63
400AR00	001040TQ97	88002	763 79
400BG00	0010402M96	88002	346 16
400BG00	0010402M97	88002	19,505 08
400BG00	0010402P97	88002	2,556 20
400BI00	001040RV97	88002	309 11
~~400BT00~~	001040NW58	88002	229 92
400CD90	0010405Y97	88002	47 85
400CD90	001040P797	88002	194 13
400CD90	001040PG97	88002	903 66
400CG90	001040PK97	88002	191 58
400CK00	0010405D97	88002	196 70
400CK00	0010405S97	88002	2,925 07
400CM90	001040TS97	88002	5,029 47
400CT80	001040PN97	88002	191 58
400EA00	001040VG97	88002	2,748 74
400EA00	001040W097	88002	12,274 03
400EM00	001040VJ97	88002	375 52
400GC00	001040NL96	88002	243 97
400HFX0	001040VM97	88002	14,791 34
		TOTAL	159,552 53

400 ~~[illegible]~~
PLF
12-6-4

95,728.63
CL. 013822

33198.72
CL. 01382[illegible]

30625.18
CL. 013824

Grace E Brown
Chief, Accounting Services

RECEIVED
DEC 14 2009
Accounting Services

9 56 52 Wednesday, December 16, 2009

U

CURRENT BUDGET NOT FOUND

VENDOR NAME SPECIAL FUND 210 - DATA BILLS DATE 12/16/2009
ADDR P O BOX 53551
CITY OKLAHOMA CITY STATE OK ZIPCODE 99999

ORDER NO IPO NO CLAIM NO LIQ NO FINAL PERIOD
INV-NO 4040002OCT09 INV DATE 11/16/2009 Y 10
RECEIPT DATE J/E XREF PO #

FUND	ACCOUNT	SUBACT	OBJECT	COMMODITY	AMOUNT	
400AR00	001040TQ97	88002	5412AAAAAX		763 79	
400BG00	0010402M96	88002	5412AAAAAX		346 16	
400BG00	0010402M97	88002	5412AAAAAX		19,505 08	
400BG00	0010402P97	88002	5412AAAAAX		2,556 20	
400BI00	001040RV97	88002	5412AAAAAX		309 11	
~~400BT00~~	001040NW58	88002	5412AAAAAX		229 92	
400CD90	0010405Y97	88002	5412AAAAAX		47 85	15B Fund Agency
400CD90	001040P797	88002	5412AAAAAX		194 13	
400CD90	001040PG97	88002	5412AAAAAX		903 66	Receipt Amount
400CG90	001040PK97	88002	5412AAAAAX		191 58	
400CK00	0010405D97	88002	5412AAAAAX		196 70	
400CK00	0010405S97	88002	5412AAAAAX		2,925 07	
400CM90	010040TS97	88002	5412AAAAAX		5,029 47	PS #
				TOTAL ?		
				DISBURSEMENT VERIFICATION	33,198 72	

12/16/2009 09 59 58 FISCPLI STHSCLP CP2A

400JL00
MLD

Direct Billing

Month Oct 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	303 20	6 78	252	PHOCIS - Non Program Related
JAMIE BARNES	2 797 36	94 32	252	PHOCIS - Non Program Related
KANOKPAN D FLINN	518 62	16 86	252	PHOCIS - Non Program Related
NANCY J IVINS	683 42	18 90	252	PHOCIS - Non Program Related
THOR SHAFFER	155 69	4 30	252	PHOCIS - Non Program Related
TIMOTHY M HIGDON	2 595 77	64 85	252	PHOCIS - Non Program Related
Total	**$7,054 06**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005NOV09	12/16/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
5 428 78	34000	00200239	Not Paid

VOUCHER DATE December/29/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0014367 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	422 40	554120		19001	3588005	10					
	5 006 38	554120		40000	3588005	10					

TOTAL	5 428 78

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 12/29/2009

VCHR 34000 00200239

014267 #10

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Nov 09	Invoice Date	16-Dec-09
Activity	35 Family Health Services	Billing Period	Nov 09
Sub-Activity	35005 Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	1 654 45
Allocation of Costs by FTE Distribution	0 96%	3 774 33
Total Monthly Charges		**5,428 78**

Payment is due on or before 15-Jan-10

RECEIVED

DEC 22 2009

Accounting Services

Grace E Brown

Chief Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 NOV 09

FUND	ACCOUNT	SUB	AMOUNT
190CX00	011035NN0A	88005	170 79
190KDX0	011035T40A	88005	71 88
190KDX0	011035T597	88005	179 73
400AR00	001035T40A	88005	1,105 33
400B300	001035NY0A	88005	107 83
400BG00	0010352M0A	88005	17 97
400C700	001035TJ0A	88005	179 73
400CN00	0010352G0A	88005	179 73
400CX00	001035NN0A	88005	341 48
400GM00	001035T40A	88005	3 056 34
400JL00	001035NW0A	88005	17 97
		TOTAL	5,428 78

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DEC 22 2009

Accounting Services

Grace E Brown

Chief, Accounting Services

Direct Billing

Month	Nov 09	
Activity	35	Family Health Services
Sub-Activity	35005	Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
ALLEN BADGETT	79 28	1 18	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	1 344 86	18 98	278	Metabolic Newborn Screening
PETER M LEMMON	116 62	1 55	278	Metabolic Newborn Screening
THOR SHAFFER	113 69	1 57	278	Metabolic Newborn Screening
Total	**$1,654 45**			

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DEC 22 2009

Accounting Services

Grace E Brown

Chief, Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005OCT09	11/16/2009

CLAIM OF · OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
6 965 85	34000	00199494	Not Paid

VOUCHER DATE December/16/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0015725 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	306 95	554120		19001	3588005	10					
	6 658 90	554120		40000	3588005	10					

TOTAL 6 965 85

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 12/16/2009

VCHR 34000 00199494

01325 pt

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Oct 09		Invoice Date	16-Nov 09
Activity	35	Family Health Services	Billing Period	Oct 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	4 223 37
Allocation of Costs by FTE Distribution	0 99%	2 742 48
Total Monthly Charges		**6,965 85**

Payment is due on or before 16-Dec-09

Grace E Brown
Chief Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 OCT 09

FUND	ACCOUNT	SUB	AMOUNT
190CX00	011035NN0A	88005	124 14
190KDX0	011035T40A	88005	52 22
190KDX0	011035T597	88005	130 59
400AR00	001035T40A	88005	816 21
400B300	001035NY0A	88005	78 35
400BG00	0010352M0A	88005	6 52
400C700	001035TJ0A	88005	130 59
400CN00	0010352G0A	88005	130 59
400CX00	001035NN0A	88005	248 12
400GM00	001035T40A	88005	5,235 47
400JL00	001035NW0A	88005	13 05
		TOTAL	6,965 85

RECEIVED
DEC 14 2009
Accounting Services

Direct Billing

Month **Oct 09**

Activity **35** **Family Health Services**

Sub-Activity **35005** **Screening & Special Services**

Employee	*Amount*	*Percentage*	*Task*	*Description*
ALLEN BADGETT	49 05	0 73	278	Metabolic Newborn Screening
EPPACHEN T DANIEL	1 872 03	26 42	278	Metabolic Newborn Screening
PETER M LEMMON	2 120 91	28 19	278	Metabolic Newborn Screening
THOR SHAFFER	124 55	1 72	278	Metabolic Newborn Screening
ZHUOHUA ZHOU	56 83	0 88	278	Metabolic Newborn Screening
Total	**$4,223 37**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002SEP09C	10/15/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
227 02	34000	00198631	Not Paid

VOUCHER DATE December/09/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0012788 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	227 02	554120		40000	4088002	10					

TOTAL 227 02

Grace E. Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E. Brown
Title Chief, Accounting Services Date 12/9/2009

VCHR 34000 00198631

012-788

C

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Sept C		Invoice Date	15-Oct 09
Activity	40	Community Health Services	Billing Period	Sept 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	9 072 20
Allocation of Costs by FTE Distribution	54 05%	146 844 74
Total Monthly Charges		**155,916 94**

Payment is due on or before 14-Nov 09

Ref Claims

012786 = 98262.90

012787 = 57427.02

012788 = 227.02

SPECIAL FUND 210 DATA BILL FUNDING INVOICE # 4040002 SEP 09
FEI 000000291
OEC 5412AAAAAX

FUND	ACCOUNT	SUB	AMOUNT
190BIX0	011020RV97	88003	28 92
190KFX0	011040ER24	88002	126 12
190KFX0	011040ER51	88002	151 34
190KFX0	011040ER61	88002	126 12
190KFX0	011040NG97	88002	7 428 53
190KFX0	011040NL97	88002	14 316 98
190KFX0	011040QC97	88002	1 160 30
190KFX0	011040W097	88002	65 181 44
190KFX0	011040WC97	88002	882 87
210TFX0	001040CV61	88002	252 24
210WCX0	001040W097	88002	2 565 21
400AR90	001040NC97	88002	5,206 71
400AR90	001040TQ97	88002	836 12
400BI00	001040RV97	88002	305 20
400CD90	0010405Y97	88002	116 55
400CD90	001040P797	88002	816 59
400CD90	001040PG97	88002	1 399 89
400CG90	001040PK97	88002	189 18
400CK00	0010405D97	88002	310 22
400CK00	0010405S97	88002	3 531 41
400CM90	001040TS97	88002	5 624 20
400CT80	001040PN97	88002	189 18
400EA90	001040VG97	88002	2 770 84
400EA90	001040W097	88002	26 374 35
400EM90	001040VJ97	88002	378 36
400HFX0	001040VM97	88002	15 421 05
400JL00	001040NW58	88002	227 02
		TOTAL	155,916.94

CL 012786
98262.0

CL 012786
57421.02

CL 012788
227.02

RECEIVED
DEC 07 2009
Accounting Services

Brian E Brown
Chief, Accounting Services

Direct Billing

Month Sep 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	185 59	4 15	252	PHOCIS Non Program Related
JAMIE BARNES	2 086 15	70 34	252	PHOCIS Non Program Related
KANOKPAN D FLINN	369 13	12 00	252	PHOCIS Non Program Related
NANCY J IVINS	1 118 79	30 94	252	PHOCIS Non Program Related
PETER M LEMMON	40 63	1 08	252	PHOCIS Non Program Related
THOR SHAFFER	139 40	3 85	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	4 064 23	82 50	252	PHOCIS Non Program Related
WILLIAM M HOLMBERG	1 068 28	33 33	252	PHOCIS Non Program Related
Total	**$9,072 20**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005SEP09	10/15/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
4 898 30	34000	00198433	Not Paid

VOUCHER DATE December/08/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0012595 Vouchers from Remote Agencies

Related Voucher No. Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	409 54	554120		19001	3588005	10					
	4 488 76	554120		40000	3588005	10					

TOTAL	4 898 30

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Grace E Brown
Chief Accounting Services
Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 12/8/2009

VCHR 34000 00198433

012595 PE

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	**3535005 Sept**		**Invoice Date**	**15-Oct-09**
Activity	**35**	**Family Health Services**	**Billing Period**	**Sept 09**
Sub-Activity	**35005**	**Screening & Special Services**	**210-340-88181**	

Description	**Percent**	**Amount**
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	2 099 96
Allocation of Costs by FTE Distribution	1 03%	2 798 34
Total Monthly Charges		**4,898 30**

Payment is due on or before **14-Nov-09**

Gwen E Brown
Chief, Accounting Services

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 SEP 09

FUND	ACCOUNT	SUB	AMOUNT
190CX00	011035NN0A	88005	136 54
190KDX0	011035T40A	88005	136 50
190KDX0	011035T597	88005	136 50
400AR90	001035T40A	88005	853 15
400C700	001035TJ0A	88005	136 50
400CN00	0010352G0A	88005	136 50
400CX00	001035NN0A	88005	259 35
400GM00	001035T40A	88005	3 089 61
400JL00	001035NW0A	88005	13 65
		TOTAL	4,898 30

RECEIVED
DEC 07 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

Direct Billing

Month Sep 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
EPPACHEN T DANIEL	1 524 83	21 52	278	Metabolic Newborn Screening
NANCY J IVINS	81 72	1 13	278	Metabolic Newborn Screening
PETER M LEMMON	258 06	3 43	278	Metabolic Newborn Screening
THOR SHAFFER	235 35	3 25	278	Metabolic Newborn Screening
Total	**$2,099 96**			

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
3535005MAR09	4/24/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
4 107 00	34000	00183719	Not Paid

VOUCHER DATE June/05/2009 Warrant Dt

Agency Board Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0927385 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	379 53	554120		19901	3588005	09					
	3 727 47	554120		40000	3588005	09					

TOTAL 4 107 00

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 6/5/2009

VCHR 34000 00183719

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 3535005 MAR 09

927385 927385 PE

FUND	ACCOUNT	SUB	AMOUNT
199CX99	010935NN0A	88005	126 56
199KDX9	010935T40A	88005	126 48
199KDX9	010935T597	88005	126 49
400AR99	000935T40A	88005	790 61
400BT99	000935NW0A	88005	12 64
400CN09	0009352G0A	88005	126 49
400CX99	000935NN0A	88005	240 34
400GM99	000935T40A	88005	2 557 39
		TOTAL	4,107 00

RECEIVED
JUN 04 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	3535005 Mar 09		Invoice Date	24-Apr-09
Activity	35	Family Health Services	Billing Period	Mar 09
Sub-Activity	35005	Screening & Special Services	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	1 608 66
Allocation of Costs by FTE Distribution	0 94%	2 498 34
Total Monthly Charges		**4,107 00**

Payment is due on or before 25-May-09

RECEIVED

JUN 0 4 2009

Accounting Services

Grace E Brown

Chief, Accounting Services

Direct Billing

Month Mar 09

Activity 35 Family Health Services

Sub-Activity 35005 Screening & Special Services

Employee	*Amount*	*Percentage*	*Task*	*Description*
EPPACHEN T DANIEL	911 07	12 94	278	Metabolic Newborn Screening
PETER M LEMMON	655 15	8 77	278	Metabolic Newborn Screening
THOR SHAFFER	42 44	0 59	278	Metabolic Newborn Screening
Total	**$1,608 66**			

RECEIVED

JUN 0 4 2009

Accounting Services

Grace E Brown

Chief, Accounting Services

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
4040002MAR09A	4/24/2009

CLAIM OF OKLAHOMA STATE DEPARTMENT OF HEALTH
Address 1000 NE 10TH ST OKLAHOMA CITY OK, 73117 1207
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
105 337 00	34000	00184018	Not Paid

VOUCHER DATE June/09/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0927650 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	99 271 59	554120		19901	4088002	09					
	1 263 17	554120		21000	4088002	09					
	4 802 24	554120		40000	4088002	09					

TOTAL 105 337 00

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 6/9/2009

VCHR 34000 00184018

SPECIAL FUND 210
FEI 000000291
OEC 5412AAAAAX

DATA BILL FUNDING

INVOICE # 4040002 MAR 09

427650
PE

FUND	ACCOUNT	SUB	AMOUNT
199KFX9	010940ER97	88002	403 89
199KFX9	010940NG97	88002	5 519 24
199KFX9	010940NL97	88002	13 566 39
199KFX9	010940QC97	88002	1 158 65
199KFX9	010940W097	88002	77 741 84
199KFX9	010940WC97	88002	881 58
210TFX9	000940CV61	88002	251 88
210WCX9	000940W097	88002	860 17
210WHX9	000940W097	88002	151 12
400AR99	000940NC97	88002	2 398 54
400AR99	000940TQ97	88002	1 799 19
400BI99	000940RV97	88002	377 82
400BT99	000940NW58	88002	226 69
400CD99	0009405Y97	88002	116 49
400CD99	000940P797	88002	815 46
400CD99	000940PG97	88002	1 397 94
400CG99	000940PK97	88002	188 91
400CK99	0009405D97	88002	309 80
400CK99	0009405S97	88002	3 652 29
400CM99	000940TS97	88002	6 045 80
400CT89	000940PN97	88002	188 91
400CY99	000940TN21	88002	151 12
400EA99	000940VG97	88002	2 460 26
400EA99	000940W097	88002	12 159 88
400EM99	000940VJ97	88002	377 82
400GC99	000940NL97	88002	302 25
400GC99	000940W096	88002	1,687 61
400HFX9	000940VM97	88002	15 533 59
		TOTAL	150,725 13

427650
105337.00

427651
28166.93

427652
17221.20

RECEIVED
JUN 04 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

Special Fund 210

Oklahoma State Department of Health

Data Managment

Intra-Agency Reimbursement

Invoice #	4040002 Mar 09		Invoice Date	24-Apr-09
Activity	40	Community Health Services	Billing Period	Mar 09
Sub-Activity	40002	County Health Departments	210-340-88181	

Description	Percent	Amount
CPU Usage	0 00%	0 00
Direct Programming Services(See Attached Detail)	N/A	3 641 99
Allocation of Costs by FTE Distribution	55 34%	147 083 14
Total Monthly Charges		**150,725 13**

Payment is due on or before 25-May-09

RECEIVED

JUN 0 4 2009

Accounting Services

Grace E Brown

Chief, Accounting Services

Direct Billing

Month Mar 09

Activity 40 Community Health Services

Sub-Activity 40002 County Health Departments

Employee	*Amount*	*Percentage*	*Task*	*Description*
D KEITH LINDSAY	39 98	1 80	252	PHOCIS Non Program Related
JAMIE BARNES	1 465 54	99 43	252	PHOCIS Non Program Related
KANOKPAN D FLINN	616 82	40 40	252	PHOCIS Non Program Related
NANCY J IVINS	212 61	11 84	252	PHOCIS Non Program Related
THOR SHAFFER	52 86	2 94	252	PHOCIS Non Program Related
TIMOTHY M HIGDON	1 254 18	63 08	252	PHOCIS Non Program Related
Total	**$3,641 99**			

RECEIVED
JUN 0 4 2009
Accounting Services

Grace E Brown
Chief, Accounting Services

TRAVEL

06/01/2009 to 03/31/2010

Claims	-
PROGCOST - Travel	824.01
Total Travel	$ 824.01

Claims are the direct costs and PROGCOST are the allocated costs. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KL

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	~~61.03~~	~~109.86~~	~~23.82~~	~~890.29~~
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	~~6.05~~	~~10.69~~	~~2.36~~	~~79.33~~
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
~~67.08~~	~~120.75~~	~~26.18~~	~~879.62~~
762.28	**1,462.35**	**167.70**	**9,587.38**

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By _____

Grant Name: Ottawa County Lead - Site Spec
Grant Number 2929011736
Grant Period 09/15/2009 TO 09/14/2010
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	61.03	109.86	23.82	800.29
200910	47.44	70.21	4.10	383.47
200911	48.89	64.83	11.08	568.32
200912	83.37	71.48	0.99	713.84
201001	31.67	40.96	0.72	371.07
201003	28.59	55.56	0.72	388.46
Total	**300.99**	**412.90**	**41.43**	**3,225.45**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	6.05	10.89	2.36	79.33
200910	2.90	4.29	0.25	23.44
200911	3.11	4.13	0.71	36.20
200912	7.78	6.67	0.09	66.57
201001	3.21	4.16	0.07	37.67
201003	3.06	5.95	0.08	41.61
Total	**26.11**	**36.09**	**3.56**	**284.82**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
67.08	120.75	26.18	879.62
50.34	74.50	4.35	406.91
52.00	68.96	11.79	604.52
91.15	78.15	1.08	780.41
34.88	45.12	0.79	408.74
31.65	61.51	0.80	430.07
327.10	**448.99**	**44.99**	**3,510.27**

EQUIPMENT

06/01/2009 to 03/31/2010

Claims		-
PROGCOST - Equipment		76.67
Total Equipment	$	76.67

Claims are the direct costs and PROGCOST are the allocated costs. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KR

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	~~61.03~~	~~109.86~~	~~23.82~~	~~800.29~~
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	~~6.05~~	~~10.89~~	~~2.36~~	~~79.33~~
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
~~67.08~~	~~120.75~~	~~26.18~~	~~879.62~~
762.28	**1,462.35**	**167.70**	**9,587.38**

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By _____

Grant Name: Ottawa County Lead - Site Spec
Grant Number 2929011736
Grant Period 09/15/2009 TO 09/14/2010
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	61.03	109.86	23.82	800.29
200910	47.44	70.21	4.10	383.47
200911	48.89	64.83	11.08	568.32
200912	83.37	71.48	0.99	713.84
201001	31.67	40.96	0.72	371.07
201003	28.59	55.56	0.72	388.46
Total	**300.99**	**412.90**	**41.43**	**3,225.45**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	6.05	10.89	2.36	79.33
200910	2.90	4.29	0.25	23.44
200911	3.11	4.13	0.71	36.20
200912	7.78	6.67	0.09	66.57
201001	3.21	4.16	0.07	37.67
201003	3.06	5.95	0.08	41.61
Total	**26.11**	**36.09**	**3.56**	**284.82**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
67.08	120.75	26.18	879.62
50.34	74.50	4.35	406.91
52.00	68.96	11.79	604.52
91.15	78.15	1.08	780.41
34.88	45.12	0.79	408.74
31.65	61.51	0.80	430.07
327.10	**448.99**	**44.99**	**3,510.27**

OTHER

06/01/2009 to 03/31/2010

Claims	35,214.27
PROGCOST - Other	6,163.08
Worker's Comp	322.89
Total Other	$ 41,700.24

Claims are the direct costs and PROGCOST are the allocated costs. These costs are for things like office supplies and test kits for blood lead. PROGCOST is allocated based on time charged to this program as a percentage of the total.

THIS DOCUMENT CONTAINS
REDACTED INFORMATION

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By KC

Grant Name: Site Specific Environ. Hlth.
Grant Number 5U61TS000063-03
Grant Period 09/15/2008 TO 09/14/2009
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	71.19	82.78	19.44	560.32
200810	56.43	84.04	4.57	501.14
200811	23.72	78.35	3.82	515.71
200812	57.34	96.72	5.22	671.19
200901	71.32	84.34	4.00	501.53
200902	33.59	95.56	36.83	659.79
200903	47.33	101.98	24.24	810.21
200904	40.93	132.38	0.59	501.47
200905	91.60	116.86	0.50	747.93
200906	46.40	105.57	3.75	683.19
200907	44.73	120.29	21.93	736.06
200908	43.10	113.77	3.00	984.58
200909	~~61.03~~	~~109.86~~	~~23.82~~	~~800.29~~
Total	**688.71**	**1,322.50**	**151.71**	**8,673.41**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200809	8.36	9.73	2.28	65.83
200810	5.41	8.06	0.44	48.04
200811	2.33	7.68	0.37	50.55
200812	6.24	10.53	0.57	73.08
200901	8.06	9.54	0.45	56.70
200902	3.52	10.02	3.86	69.18
200903	4.96	10.69	2.54	84.89
200904	4.43	14.34	0.06	54.31
200905	10.18	12.98	0.06	83.08
200906	5.12	11.66	0.41	75.44
200907	4.67	12.55	2.29	76.78
200908	4.24	11.18	0.30	96.76
200909	~~6.05~~	~~10.89~~	~~2.36~~	~~79.33~~
Total	**73.57**	**139.85**	**15.99**	**913.97**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
79.55	92.51	21.72	626.15
61.84	92.10	5.01	549.18
26.05	86.03	4.19	566.26
63.58	107.25	5.79	744.27
79.38	93.88	4.45	558.23
37.11	105.58	40.69	728.97
52.29	112.67	26.78	895.10
45.36	146.72	0.65	555.78
101.78	129.84	0.56	831.01
51.52	117.23	4.16	758.63
49.40	132.84	24.22	812.84
47.34	124.95	3.30	1,081.34
~~67.08~~	~~120.75~~	~~26.18~~	~~879.62~~
762.28	**1,462.35**	**167.70**	**9,587.38**

Time And Effort Cost
Cost Accumulation Schedule

June 14, 2010
Prepared By _____

Grant Name: Ottawa County Lead - Site Spec
Grant Number 2929011736
Grant Period 09/15/2009 TO 09/14/2010
Program Code 391

==ProgCost==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	61.03	109.86	23.82	800.29
200910	47.44	70.21	4.10	383.47
200911	48.89	64.83	11.08	568.32
200912	83.37	71.48	0.99	713.84
201001	31.67	40.96	0.72	371.07
201003	28.59	55.56	0.72	388.46
Total	**300.99**	**412.90**	**41.43**	**3,225.45**

==244Other==

FEES	TRAVEL	EQUIP	OTHER
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	**0.00**	**0.00**	**0.00**

==301OTHER==

Year\Month	FEES	TRAVEL	EQUIP	OTHER
200909	6.05	10.89	2.36	79.33
200910	2.90	4.29	0.25	23.44
200911	3.11	4.13	0.71	36.20
200912	7.78	6.67	0.09	66.57
201001	3.21	4.16	0.07	37.67
201003	3.06	5.95	0.08	41.61
Total	**26.11**	**36.09**	**3.56**	**284.82**

==TOTAL==

FEES	TRAVEL	EQUIP	OTHER
67.08	120.75	26.18	879.62
50.34	74.50	4.35	406.91
52.00	68.96	11.79	604.52
91.15	78.15	1.08	780.41
34.88	45.12	0.79	408.74
31.65	61.51	0.80	430.07
327.10	**448.99**	**44.99**	**3,510.27**

Worker's Comp
06/01/2009 to 03/31/2010

FUND	OBJ CODE	REF #	AMOUNT
400BT99	1231	M66964	26.69
400BT99	1231	M66962	2.02
400BT99	1231	M69163	1.40
400BT99	1231	M69165	26.69
400BT99	1231	N10029	27.52
400BT99	1231	N10844	-1.40
400BT99	1231	N10050	26.69
400BT90	1231	N20946	1.43
400BT90	1231	N15466	1.43
400BT99	1231	N10050	38.42
400BT90	1231	N15706	19.36
400BT99	1231	N09983	1.40
400BT99	1231	N10049	2.02
400BT90	1231	N20950	38.24
400BT90	1231	N27217	0.65
400BT99	1231	N05014	1.40
400BT99	1231	N10846	-26.69
400JL00	1231	N34769	19.36
400JL00	1231	100847	19.36
400JL00	1231	N53834	14.56
400JL00	1231	100848	11.83
400JL00	1231	N34769	1.43
400JL00	1231	N49374	1.43
400JL00	1231	N53834	1.43
400JL00	1231	N40826	1.43
400JL00	1231	100849	1.43
400JL00	1231	N41206	4.19
400JL00	1231	N40832	10.35
400JL00	1231	N49377	48.82
		Total	**322.89**

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58090LP6 24	6/29/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT 1930 N ELM ST MIAMI OK 74354 5400
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
7 306 76	34000	00185973	Not Paid

VOUCHER DATE July/06/2009 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0000322 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	7 306 76	534260		40000	4040002	09					

TOTAL	7 306 76

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 7/6/2009

VCHR 34000 00185973

DD322 #4

INVOICE PO# 3409012391 INVOICE NO 5809OLP6-24 INVOICE DATE 6/29/2009

COUNTY HEALTH DEPARTMENT OTTAWA FEI#

PROGRAM OLP Ottawa County Lead Project REIMBURSEMENT PERIOD 6/29/2009 and 06/29/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
06/2009	SUPPLIES 27	ESA INC			7 306 76
				INVOICE TOTAL	7 306 76

RECEIVED
JUN 2 9 2009
Budget & Funding Service

RECEIVED
JUN 3 0 2009
Accounting Services

SUBMITTED BY Melanie Blankenship (Authorized County Staff) DATE 06-29-09

APPROVED BY Cheryl Urban (Program or Service) DATE 6-29-09

FUNDING SECTION (Restricted Use)

LIO# 10 3426 LINE 2-3 Fund Account SubAct Object Code Amount

PLY 7.2.9 (funded by) (Date) Fund Account SubAct Object Code Amount

(entered by) (Date) Fund Account SubAct Object Code Amount

V#00185973

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3426AAAAAX		$7 306 76
			TOTAL	$7,306 76

LINE 2 $7 306 76

Isaac, Patrick L

From Barr Cheryl
Sent Monday, June 29 2009 4 20 PM
To Blankenship Melanie A
Cc Dorsett, Mark R , Isaac Patrick L
Subject RE Lead Reimb
Attachments OttCty Spreadsheet2009 (3) xls

Thanks Melanie

Patrick, you will be receiving a faxed invoice because mailed faxed to not arrive in a timely way

Mark, correct me if I'm wrong, but according to my spreadsheet, there isn't enough funding left in that budget line to pay for the pending ESA expense of $3954 76 (see Melanie's e mail below) ESA is provides blood testing supplies

---

From Blankenship, Melanie A
Sent Monday, June 29, 2009 4 03 PM
To Barr, Cheryl
Cc Waldron, Susan A
Subject Lead Reimb

Faxing you invoice for $7306 76, two still pending- Lakeland $5091 11 and ESA $3954 76 Once merchandise is received and paid, I will fax the invoices to you

Thanks,

Melanie Blankenship
Administrative Assistant
Ottawa County Health Dept
1930 N Elm
Miami, Oklahoma 74354
(918) 540-2481 ext 212
(918) 541-9390 fax

OSF Form 15A
(Revised 7/03)

STATE OF
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58090LP06-26	7/20/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT 1930 N ELM ST MIAMI OK 74354-5400
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
3 954 76	34000	00188307	Not Paid

VOUCHER DATE August/04/2009 Warrant Dt

Agency Board Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0002079 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	3 954 76	534260		40000	4040002	09					

TOTAL 3 954 76

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer s Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 8/4/2009

VCHR 34000 00188307

INVOICE PO# 3409012391 INVOICE NO 58090LP06-26 INVOICE DATE 7/20/2009

COUNTY HEALTH DEPARTMENT OTTAWA FEI#

PROGRAM **OLP - Ottawa County Lead Project** REIMBURSEMENT PERIOD 7/20/2009 and 07/20/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
06/2009	SUPPLIES - 27	ESA, INC			3,954 76
				INVOICE TOTAL:	3,954 76

RECEIVED
JUL 21 2009
Budget & Funding Service

RECEIVED
SERVICES

MM
7.21.09

SUBMITTED BY Melanie Blackenship (Authorized County Staff) DATE 07-20-09

APPROVED BY Cheryl Ruark (Program or Service) DATE

FUNDING SECTION (Restricted Use)

LIO# 012 LINE 2 3426 — Fund, Account, SubAct, Object Code — Amount

JH 7.22.09 (funded by) (Date) — Fund, Account, SubAct, Object Code — Amount

(entered by) (Date) — Fund, Account, SubAct, Object Code — Amount

V# 00188307

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3614AAAAAX	$3,954 76
		TOTAL	$3,954 76

line 2 $3,954 76

Isaac, Patrick L.

From Barr, Cheryl
Sent Thursday, July 23, 2009 8 44 AM
To Isaac, Patrick L
Subject Ottawa County

Patrick,
The recent invoice from Ottawa County for purchases from ESA is a medical supplies expense for blood lead testing supplies If you have any further questions, please let me know
Thanks
Cheryl

Lopo, Tom G.

From Hillemeyer, Ashley L
Sent Tuesday, August 04, 2009 8 18 AM
To Lopo, Tom G , Barr, Cheryl
Cc Hartzell, Bonnie L , Andrews, Angela M , Jablonski, Carol L
Subject RE Ottawa Co Lead Project PO # 3409012391

This is done

From: Lopo, Tom G
Sent: Thursday, July 23, 2009 8 44 AM
To: Barr, Cheryl
Cc: Hartzell, Bonnie L , Andrews, Angela M , Hillemeyer, Ashley L , Jablonski, Carol L
Subject: FW Ottawa Co Lead Project PO # 3409012391

Cheryl, FYI Please see below from Ashley

From: Hillemeyer, Ashley L
Sent: Wednesday, July 22, 2009 4 44 PM
To: Lopo, Tom G
Cc: Hartzell, Bonnie L , Andrews, Angela M
Subject: RE Ottawa Co Lead Project PO # 3409012391

If nothing has paid incorrectly, then this request should come to Procurement from the program area, pursuant to the change order procedure

---

From: Lopo, Tom G
Sent: Wednesday, July 22, 2009 4 34 PM
To: Hillemeyer, Ashley L
Cc: Hartzell, Bonnie L , Andrews, Angela M
Subject: Ottawa Co Lead Project PO # 3409012391

Claim # 002079 Ashley, PO line 1 is for educational supplies and PO line 2 is for blood lead testing and there is not enough balance (2052 34)on 40000 4040002 PO line 2 Dist line 3 to voucher this June claim for 3954 76 and it does not appear that anything was paid incorrectly This contract ends 8/31/09 and there is still a sizeable amount of $$ on the PO so you may want to consider moving funding from another line instead of doing an increase Just a thought Thank you !

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58090LP0625	7/14/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT1930 N ELM ST MIAMI OK 74354 5401
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
5 091 10	34000	00187639	Not Paid

VOUCHER DATE July/22/2009 Warrant Dt

Agency Board Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0001995 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	5 091 10	556140		40000	4040002	09					

TOTAL 5 091 10

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 7/22/2009

VCHR 34000 00187639

PH 50/100

Revised

INVOICE PO# 3409012391 INVOICE NO 5809DLP0625 INVOICE DATE 7/14/2009

COUNTY HEALTH DEPARTMENT OTTAWA TFI#

PROGRAM OLP - Ottawa County Lead Project REIMBURSEMENT PERIOD 7/6/2009 and 07/14/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
06/2009	NON ALLOCABLE EQUIPMENT - 4	LAKELAND OFFICE SYSTEM			5 091 10
				INVOICE TOTAL	5 091 10

RECEIVED
JUL 20 2009
Budget & Funding Services

RECEIVED
JUL 20 2009
HEALTH SERVICES

faxed copy - mailed invoices unreliable receipt

SUBMITTED BY Melanie Blankenship (Authorized County Staff) DATE 7-14-09

APPROVED BY Cheryl Barr (Program or Service) DATE

FUNDING SECTION (Restricted Use)

LIO# 21 Lnel 3614 40002 (Fund Account SubAct, Object Code) Amount

PH 7-21-9 (funded by) (Date) (Fund Account SubAct Object Code) Amount

(entered by) (Date) (Fund Account SubAct Object Code) Amount

V# 00 187639

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3614AAAAAX	$5,091 10
		TOTAL	$5 091 10

LINE 1 - $5 091 10

Isaac, Patrick L

From Barr Cheryl
Sent Monday July 20, 2009 11 27 AM
To Isaac Patrick L
Subject FW Lead Reimbursement

Faxed invoice due to unreliable mail delivery

From Blankenship, Melanie A
Sent Tuesday, July 14, 2009 3 26 PM
To Barr, Cheryl
Subject FW Lead Reimbursement

Faxing revised invoice $5091 10

From Blankenship, Melanie A
Sent Tuesday, July 14, 2009 2 43 PM
To Barr, Cheryl
Cc Waldron, Susan A
Subject Lead Reimbursement

Faxing invoice $5091 11, one pending for ESA for $3954 76 will be paid 7/20

Thanks,

Melanie Blankenship
Administrative Assistant
Ottawa County Health Dept
1930 N Elm
Miami, Oklahoma 74354
(918) 540-2481 ext 212
(918) 541-9390 fax

OSF Form 15A
(Revised 7/03)

STATE OF
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58100LP08 02	8/31/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT1930 N ELM ST MIAMI OK 74354 3401
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
12 005 00	34000	00192050	Not Paid

VOUCHER DATE September/16/2009 Warrant Dt

Agen y Board Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0006177 Vouchers from Remote Agencies

Related Voucher No

Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	12 005 00	536190		40000	4040002	10					

TOTAL	12 005 00

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature

Approving Officer's Name Grace E Brown

Title Chief, Accounting Services Date 9/16/2009

VCHR 34000 00192050

DD 617 #

INVOICE PO# 3409012391 INVOICE NO SB100L-P08-00 INVOICE DATE 8/31/2009

COUNTY HEALTH DEPARTMENT OTTAWA FEI#

PROGRAM OLP - Ottawa County Lead Project REIMBURSEMENT PERIOD 8/01/2009 and 08/31/2009

Obj code

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
3616 08/2009	EQUIPMENT MAINTENANCE - 23	LAKELAND OFFICE SYSTEM			170 00
3619 08/2009	SUPPLIES - 27	AIA-RC SALES			11 835 00
				INVOICE TOTAL	12 005 00

Line 1-3

RECEIVED
SEP 01 2009
Budget & Funding Service

RECEIVED
SEP - 1 2009
Accounting Services

RECEIVED
2009 SEP -8 P 3
Accounting Services

SUBMITTED BY Melanie Bearden (Authorized County Staff) DATE 08-31-09

APPROVED BY Cheryl Lyon (Program or Service) DATE 9-1-09

FUNDING SECTION (Restricted Use)

LIQ# 013 3616 Fund Account, SubAct Object Code Amount

DLT 9-5-09 (funded by) (Date) Fund, Account, SubAct Object Code Amount

(entered by) (Date) Fund Account, SubAct, Object Code Amount

V#00192050

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT90	001040NW58	40002	3619AAAAAX	12005
			TOTAL	$12 005 00

LINE 1-3 $12 005 00

Isaac, Patrick L

From	Simms Cindy E
Sent	Tuesday September 01 2009 11 17 AM
To	Isaac Patrick L
Cc	Barr, Cheryl
Subject	Inv 5810OLP08-02

Invoice # 5810OLP08 02 is for Ottawa County

Invoices from Ottawa County are faxed to reduce the risk that an invoice does not arrive in our office for processing We have had two instances in which invoices were not received

Business Unit 34000

PO No 3409012391

View Results

Download results in Excel SpreadSheet CSV Text File (1 kb)

View All

First 1 6 of 6 Last

	Unit	PO No	Line	Sched Num	Distribution Li	PO Amount	Available Amount	Quantity	Class Funding	Dept	Bud Ref	Account	Finalized
1	34000	3409012391	1	1	1	7043 000	0 000	0 0021	40000	4040002	09	536000	N
2	34000	3409012391	1	1	2	19139 440	0 000	0 3062	40000	4040002	09	536000	N
3	34000	3409012391	1	1	3	11669 560	11669 560	0 3083	40000	4040002	10	536000	N
4	34000	3409012391	2	1	1	1741 290	0 000	0 8172	40000	4040002	09	536000	N
5	34000	3409012391	2	1	2	335 440	335 440	0 0207	40000	4040002	10	534000	N
6	34000	3409012391	2	1	3	14161 130	0 000	0 0334	40000	4040002	09	534000	N

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
5809OLP0622	6/16/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT1930 N ELM ST MIAMI OK, 74354-540
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNT	CLAIM VOUCHER NO	WARRANT NO
1 709 67	34000	00185472	Not Paid

VOUCHER DATE June/22/2009 Warrant Dt.

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0929193 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	1 709 67	536140		40000	4040002	09					

TOTAL	1 709 67

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Grace E Brown
Agency Approving Officer's Signature Services
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 6/22/2009

VCHR 34000 00185472

520103

INVOICE PO# 34090 12391 INVOICE NO 5090LP0622 INVOICE DATE 6/16/2009

COUNTY HEALTH DEPARTMENT OTTAWA FPI#

PROGRAM OLP Ottawa County Lead Project REIMBURSEMENT PERIOD 6/8/2009 and 06/16/2009

Office Educ Supp

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
05/2009	SUPPLIES - 27 3614	ADMIRAL EXPRESS INC			1 164 71
05/2009	SUPPLIES 27 3614	BEST BUY			376 96
05/2009	SUPPLIES 27 3614	SOONER PRINTING			168 00
				INVOICE TOTAL	1,709 67

RECEIVED
JUN 19 2009
Accounting Services

SUBMITTED BY Melanie Blackbeardship (Authorized County Staff) DATE 6-16-09

APPROVED BY Cheryl Ulsam (Program or Service) DATE 6-18-09

FUNDING SECTION (Restricted Use)

HQ# G Line 1 3614 — Fund Account SubAct, Object Code — Amount

(funded by) (Date) — Fund, Account SubAct Object Code — Amount

(entered by) (Date) — Fund Account SubAct Object Code — Amount

185472

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3614AAAAAX	$1 709 67
		TOTAL	$1 709 67

LINE 1 $1,709 67

Isaac, Patrick L

From Barr, Cheryl
Sent Thursday, June 18, 2009 1 41 PM
To Isaac Patrick L
Subject PO3409012391

Patrick, you will be receiving an invoice from Ottawa County that has been faxed in to ensure that it is received Thanks Cheryl

OSF Form 15A
(Revised 7/03)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
58090LP0520	6/1/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT 1930 N ELM ST MIAMI OK, 74354-540
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
2 471 00	34000	00184395	Not Paid

VOUCHER DATE June/10/2009 Warrant Dt.

Agency Board, Comm. Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0928074 Vouchers from Remote Agencies

Related Voucher No. Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409012391	2 471 00	536190		40000	4040002	09					

TOTAL	2 471 00

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 6/10/2009

VCHR 34000 00184395

INVOICE PO# 3409012391 INVOICE NO 580901P05SD INVOICE DATE 6/1/2009

COUNTY HEALTH DEPARTMENT OTTAWA TCI#

PROGRAM **OLP - Ottawa County Lead Project** REIMBURSEMENT PERIOD 5/21/2009 and 06/01/2009

Educ Supplies 3614

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
05/2009	SUPPLIES - 27	LAKELAND OFFICE SYSTEM			2 471 00
				INVOICE TOTAL	2 471 00

RECEIVED
JUN 0 4 2009
Accounting Services MD 6.4.09

SUBMITTED BY Melanie Blankenship (Authorized County Staff) DATE 06-01-09

APPROVED BY Cheryl Lepau (Program or Service) DATE 6-3-09

FUNDING SECTION (Restricted Use)

LIQ# 6105 3614 Fund, Account SubAct Object Code Amount

PLT 6-12-09 (funded by) (Date) Fund Account SubAct Object Code Amount

(entered by) (Date) Fund Account SubAct Object Code Amount

V# 00184395

FUNDING SHEET

PURCHASE ORDER H012391

LEAD PROJECT

400BT99	000940NW58 40002	3619AAAAAX	$2 471 00
		TOTAL	$2 471 00

LINE 1 $2 471 00

OSF Form 15A
(Revised 7/03)

STATE OF
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
5810OLP1207	12/11/2009

CLAIM OF OTTAWA COUNTY
Address HEALTH DEPT 1930 N ELM ST MIAMI OK 74354-540(
Alt Name
Vend I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Name
Vend I D LOC

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
125 00	34000	0020103 5	Not Paid

VOUCHER DATE January/08/2010 Warrant Dt

Agency Board, Comm Dept
Department of Health

Claimant Date

DESCRIPTION Claim # 0015150 Vouchers from Remote Agencies

Related Voucher No Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409013963	125 00	536140		40000	4040002	10					

TOTAL 125 00

Grace E Brown
Chief, Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 1/8/2010

VCHR 34000 00201035

01/15/10 PLT

PS V

INVOICE PO# 3409013963 INVOICE NO 5B10DLP1207 INVOICE DATE 12/11/2009

COUNTY HEALTH DEPARTMENT OTTAWA FEI#

PROGRAM OLP - Ottawa County Lead Project REIMBURSEMENT PERIOD 10/1/2009 and 12/11/2009

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
10/2009	EQUIPMENT RENTAL 21	LAKELAND OFFICE SYSTEM			125 00
				INVOICE TOTAL	125 00

Object code 3614

RECEIVED
JAN 06 2010
Accounting Services

Faxed copy because of unreliable mail delivery.

SUBMITTED BY Melanie Bearden (Authorized County Staff) DATE 12-11-09

APPROVED BY Cheryl Bass (Program or Service) DATE 1-6-2010

FUNDING SECTION (Restricted Use)

IHQ# 001 Line 1 3614 — Fund Account SubAct, Object Code — Amount

PLT 1-8-10 (funded by) (Date) — Fund Account SubAct Object Code — Amount

(entered by) (Date) — Fund Account SubAct, Object Code — Amount

V# 00201035

PLT 1-8

FUNDING SHEET

PURCHASE ORDER H013963

LEAD PROJECT

400JL00	001040NW58 40002	3614AAAAAX	$125
		TOTAL	$125

LINE 1 $125 00

OSF Form 15A
(Revised 7/0)

STATE OF OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

OSF AUDITED BY

INVOICE NO	INVOICE DATE
5810OLP02 11	3/5/2010

CLAIM OF OTTAWA COUNTY
Addr s HEALTH DEPT1930 N ELM ST MIAMI OK 74354 540
Alt Nam
V d I D LOC 0001

ASSIGNMENT SECTION
ASSIGNEE
Address
Alt Nam
V d I D LOC
I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO	WARRANT NO
2 550 98	34000	00206550	Not Paid

VOUCHER DATE March/19/2010 Warrant Dt

Ag cy B ard, C mm D pt
Department of Health

Claimant Date

DESCRIPTION Claim # 0020630 Vouchers from Remote Agencies

R lat d V uch N Amt

ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
3409013963	2 550 98	536140		40000	4040002	10					

TOTAL 2 550 98

Grace E Brown
Chief Accounting Services

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State

Agency Approving Officer's Signature
Approving Officer's Name Grace E Brown
Title Chief, Accounting Services Date 3/19/2010

VCHR 34000 00206550

020630

PS
V

INVOICE PO# 3409013963 INVOICE NO 58LDOLAD1-11 INVOICE DATE 3/3/2010

COUNTY HEALTH DEPARTMENT OTTAWA TPI#

PROGRAM OLP Ottawa County Lead Project REIMBURSEMENT PERIOD 2/1/2010 and 03/03/2010

SERVICE DATE	DESCRIPTION	VENDOR	Unit Price	# of Units	AMOUNT
02/2010	SUPPLIES 27	ESA INC			2 550 98
				INVOICE TOTAL	2 550 98

RECEIVED
MAR 15 2010
Accounting Services

3/15/2010
Please pay - Obj code 3614 MAD 3426 3 1570

SUBMITTED BY Melanie Bearden (Authorized County Staff) DATE 03-03-10

APPROVED BY Cheryl Lyon (Program or Service) DATE

FUNDING SECTION (Restricted Use)

LIQ# 002 3614
Fund Account SubAct Object Code Amount

PLT 3-BP
(funded by) (Date) Fund Account SubAct Object Code Amount

(entered by) (Date) Fund Account SubAct Object Code Amount

Line 1
DIST 1
V# 00206550 PLT 3-A

FUNDING SHEET

PURCHASE ORDER H013963

LEAD PROJECT

400JL00	001040NW58	40002	3614AAAAAX	$2 550 98
			TOTAL	$2 550 98

LINE 1 $2 550 98
PLI 3/18/2010

Isaac, Patrick L

From	Barr Cheryl
Sent	Monday March 15 2010 12 31 PM
To	Isaac Patrick L
Subject	P O 3409013963
Attachments	Cheryl Barr (CherylB@health ok gov) vcf

Invoice # 58100LP02 11 was faxed to our office by Ottawa CHD in order to eliminate mailing inconsistencies experienced in the past

CHERYL BARR PROGRAM COORDINATOR
OKLAHOMA CHILDHOOD LEAD POISONING PREVENTION PROGRAM
OFFICE 405-271 9444 EXT 46161
1-800-766 2223
FAX 405-271 4971
BLACKBERRY 405 615 2316 OR 405 206 3848
OCLPPP WEBPAGE http //lpp health ok gov/

Chemicals derived from flowers may sound harmless but new research raises concerns about compounds synthesized from **chrysanthemums** that are used in virtually every household pesticide About 70 percent of people in the United States have been exposed to **pyrethroids,** (pie ree throid) with children facing the highest exposure In addition pyrethroids are flowing off yards and gardens contaminating some streams and rivers at concentrations that can kill small creatures vital to the survival of fish and other aquatic life
The full story http //www environmentalhealthnews org/ehs/news/pyrethroids raise concerns

please don t print this e mail unless you really need to

INDIRECT COST SCHEDULE

06/01/2009 to 03/31/2010

		Salary	Rate	Total
SFY - 2009				
	On-Site	406.87	27.70%	112.70
	Off-Site	4,772.35	19.20%	916.29
SFY - 2010				
	On-Site	3,765.01	25.40%	956.31
	Off-Site	43,015.72	18.50%	7,957.91
			Total Indirect Cost	**9,943.21**

THIS DOCUMENT CONTAINS
REDACTED INFORMATION