

**Peninsula Regional Support Network
Budget Line Item Review Protocol
CHMA Review**

Note: sheet should be filled out separately for each line item in contract.

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|----------------------|---------------------------|
| Agency: | Reviewer(s): |
| CFDA # 93.958 | Date(s) of review: |

| | Review Element | Met | Not Met | N/A | Reviewer's Notes/Comments |
|----------|--|-----|---------|-----|---------------------------|
| 1 | Expenditures | | | | |
| 1.1 | For each line item billed, the agency has provided sufficient services to justify billing. | | | | |
| 1.2 | Services provided have been appropriately documented in clinical file. | | | | |
| 1.3 | Services provided and documented are allowable and provided in accordance with contract stipulations for line item | | | | |
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