

## Annex G1: Expenditure and Utilization Report

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Region: \_\_\_\_\_

Contact No. \_\_\_\_\_

### Monthly Utilization

Bed Capacity	
Total Admissions	
Total Discharges	
Total Length of Stay	
<i>Total Referrals to Hospital</i>	
Average Length of Stay	
Total Number of Imaging Tests	
Total Number of Laboratory Tests	
Total Number of Prescriptions	

### Monthly Expense Report

	Amount
Amount spent on personnel salaries and wages	
Amount spent on benefits for employees	
Allowances provided to employees at this facility	
<b>Total amount spent on Personnel Services</b>	
Amount spent on medicines (Revolving fund & National Government)	
Amount spent of medical supplies (i.e. consumables)	
Amount spent on laboratory and imaging tests	
Amount spent on utilities	
Amount spent on non-medical services (e.g. food supply, security, waste management, laundry, fuel)	
<b>Total Amount spent on maintenance and other operating expense</b>	
Amount spent on infrastructure (e.g. installation of ramps, tents, etc)	
Amount spent on equipment (e.g ECG, X-ray)	
<b>Total Amount of Capital Outlay</b>	
<b>Total Expenditure</b>	

CERTIFIED BY:

**CIU**

\_\_\_\_\_

CIU Manager

Signature over printed name and designation

Date Signed: \_\_\_\_\_

NOTE: Please email to your concerned PhilHealth Regional Office (PRO).