

**County of San Bernardino  
Department of Behavioral Health  
OUTSIDE VENDOR COST REPORT**

Month of: \_\_\_\_\_ / \_\_\_\_\_

Program Manager Name: \_\_\_\_\_

Region/Specialty Service Name: \_\_\_\_\_

**Contract Vendor Service Log**

<b>Date of Service</b>	<b>Services Provided</b>	<b>Language Requested</b>	<b>Site Location</b>	<b>Consumer Name/Chart #</b>	<b>Vendor Name</b>	<b>Cost of Service</b>