

NEW JERSEY ACUTE CARE HOSPITALS

2024 COST REPORTS

C-4

Hospital: _____

Hospital Number: |_____| |_____| |_____| |_____|

**COST CENTER BUDGETS
RECONCILING ITEMS (RIT)**

*Do not change any preprinted
wording on this form.*

Reconciling Items (1)		Hours (Whole Numbers)			Costs (\$000's)									
		A	B	C	D	E	F	G	H	I	J	K	L	M
		Employees	Physicians		Salaries		Phys. Fees	Supplies	Cont. Serv.	Other Exp.(2)	Dep. & Fac. Int.	Lease Costs	Exp. Rec.	Total Cost
Salaries	Fees		Employees	Physicians										
1	Bad Debt Provision	////////	////////	////////	////////	////////	////////	////////	////////		////////	////////		1
2	Coffee and Gift Shops		////////	////////		////////	////////							2
3	Retail Operations													3
4	Purchased Cost of Blood (3)	////////	////////	////////	////////	////////	////////		////////	////////	////////	////////		4
5	Other (4)													5
6														6
7														7
8														8
9														9
10														10
11														11
12														12
13														13
14														14
15														15
16														16
17														17
18														18
19														19
20														20
21														21
22														22
23														23
24	TOTALS													24

FOOTNOTES:

- (1) Enter, by cost classification(s), the costs of items excluded by definition from cost center budgets. Totals (Line 24), should agree with Reconciling Items (Line 52) on Form C. These amounts when added to the totals of all other cost centers, should equal Total Institution hours and costs (Form C, Line 53).
- (2) Include fringes applicable to salaries under "Oth. Exp."
- (3) Should only include the element of cost related to the payment of donors.
- (4) Provide itemized listing. Do NOT include allowable Rebundled Service Costs.