EXPENSE ASSIGNMENT SYSTEM
MEDICAL FACILITY IDENTIFICATION
INPUT WORKSHEET

Date _____

Prepared by _____

Page _____ of _____

Sequence Control - Punch in every line

UIC (62-67)

Form Type (68) 2

Optional (69)

Input Year (76-77)

Julian Date (78-80)

1 2	4 6	14
0 1	M F I	N = NEW PAGE

LINE

1 2	4 9	
0 2	B	FACILITY CODE (UIC)
0 3	L A	DOD MEDICAL REGION
0 4	N K 4 10 15 20 25 30 33	FACILITY NAME
0 5		ADDRESSEE
0 6		STREET ADDRESS
0 7		STREET ADDRESS
0 8		CITY AND STATE
0 9		ZIP CODE

****** RESERVED ******

PERFORMANCE FACTORS (FOR USE IN MEPR)

	4	4	12	16	20	
1 0						STATISTIC IDENTIFIER - OCCUPIED - BED DAYS
1 1						STATISTIC IDENTIFIER - OUTPATIENT VISITS
1 2						STATISTIC IDENTIFIER - TOTAL VISITS
1 3						STATISTIC IDENTIFIER - DENTAL WORKLOADS
1 4						STATISTIC IDENTIFIER - ANCILLARY WORKLOADS
1 5						STATISTIC IDENTIFIER - CLINICIAN SALARIES
1 6						STATISTIC IDENTIFIER - INPATIENT DISPOSITIONS