

EMS PROVIDER
REPORT OF EXPENDITURES FY 11 ____ (EMS/COUNTY -- 911/1131/3588 Funds)
(A report is needed for each provider.)

COUNTY of LICENSURE: _____

Counties of Operation: _____

Name of EMS Provider: _____

Name of EMS Administrator (Print): _____

Re: Utilization of Funds Received from the Emergency Medical Services (EMS) Trauma Care System Account (911 Funds) and Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Fund (1131 Funds) and Designated Trauma Facilities and Emergency Medical Services Account (3588 Funds)

Total Amount of Allocation this Provider Received: \$ _____

Purchases/expenditures during period May 1, 2010 - August 31, 2011 :
Contract Start Date Contract End Date

RECEIPTS ARE REQUIRED

Supplies: Item: _____ Cost: \$ _____
 Item: _____ Cost: \$ _____
 Item: _____ Cost: \$ _____
 Item: _____ Cost: \$ _____

Education & Training: Course: _____
 # Persons Trained: _____ Date: _____
 Cost: \$ _____

Equipment: Type: _____ Cost: \$ _____
 Type: _____ Cost: \$ _____
 Type: _____ Cost: \$ _____

Vehicles: Type: _____ Cost: \$ _____
 Type: _____ Cost: \$ _____

Communications Equipment:

Type: _____ Cost: \$ _____
Type: _____ Cost: \$ _____

Other Operational Expenditures: _____

Anticipated Expenditures through **August 31, 2011** ____, if any: _____

Total Cost: \$ _____

Anticipated Expenditures for any funds not expended by **August 31st**. (*Not required if entire contract amount is expended by August 31st*): _____

Total Cost: \$ _____

Name of person completing report (Print): _____

Title: _____ Phone: _____

RAC/County Authorized Signature: _____ Title: _____

Name (Print): _____ Date: _____

*Please attach additional page(s) if necessary.