

ATTACHMENT D

Hospital Preparedness Program Department of State Health Services

Hospital Planning Group Quarterly Expenditure Report

Instructions

1. The form has columns for progress in meeting the expenditure plan and for amounts spent.
2. List expenditures by critical benchmark. List the specific expenditure under each benchmark and the amount expended for that item.
3. Date and sign.
6. This may be submitted electronically to the Hospital Preparedness Program by email at hpp@dshs.state.tx.us. You may mail to the following address:

Department of State Health Services
Community Preparedness Section
ATTN: Hospital Preparedness Program
1100 West 49th Street
Austin, Texas 78756-3180