

Department of Health EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: _____ Grant ID Code: _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount \$ _____; as of _____
Day Month Year

Final Report (Check one): Yes No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
TOTAL BUDGETED EXPENDITURES	\$

Actual Expenditure to Date by Major Line Item(s)	\$
TOTAL EXPENDITURES	\$

BALANCE (Budgeted Less Actual Expenditures)	\$
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Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

Signature of Authorized Official

Date