

**Regional Advisory Council**  
**REPORT OF EXPENDITURES FY \_\_\_ (911/1131/3588 RAC funds)**

Counties: \_\_\_\_\_

Trauma Service Area: \_\_\_\_\_

Chair Person (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 Received: \$ \_\_\_\_\_

Purchases/expenditures during period \_\_\_\_\_ - \_\_\_\_\_:  
Contract Start Date Contract End Date

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

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

Equipment: Type: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Communication Equipment: Type: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Other Operational Expenditures: \_\_\_\_\_

Anticipated Expenditures through August 31, \_\_\_\_\_, if any: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

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

Total Cost: \$ \_\_\_\_\_

Name of person completing report (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

RAC Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

**\*Please attach additional page if necessary**