

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 31st**. (*Not required if entire contract amount is expended by August 31st*): _____

Total Cost: \$ _____

Name of person completing report (Print): _____

Title: _____ Phone: _____

RAC Authorized Signature: _____ Title _____

Name (Print): _____ Date _____

***Please attach additional page(s) if necessary.**