**FOUR FOR LIFE - RETURN TO LOCALITIES FUNDS**

REPORT OF EXPENDITURES - Fiscal Year 2015

(Funds Collected in March 2014 through February 2015 & Distributed in Fiscal Year 2015)

Locality:

     , VA

Amount of Funding: $

Prior Year Carryover: $

Total Reportable: $

Instructions: Please complete this form by listing the EMS agency(ies)/organization(s) receiving Four-For-Life Funds and how the funds were used. Do NOT send copies of invoices or other documents. All documentation should be maintained by the locality; but made available upon request of this organization. Forward completed report to:

Office of Emergency Medical Services

Virginia Department of Health

Attn: Kim Barton, Accounting Manager

1041 Technology Park Drive

Glen Allen, VA 23059-4500

Telephone: (804) 888-9100 or (800) 523-6019

email: [kim.barton@vdh.virginia.gov](mailto:kim.barton@vdh.virginia.gov)

|  |
| --- |
| Summary of Use |

| EMS Organization Receiving Funds | Training | Equipment | Supplies | Total |
| --- | --- | --- | --- | --- |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| TOTALS | $ | $ | $ | $ |
| Carryover (Funds Not Expended) |  |  |  | $ |
| Total |  |  |  | $ |

I certify that the funds provided to this community were expended in accordance with the Code of Virginia 46.2-694, which requires that funds will be used only for training or the purchase of equipment or supplies to support local EMS non-profit agencies/organizations. Invoices and other supporting documentation will be made available upon request.

County/City/Town Administrator

Date

Telephone