

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

| EMS Organization Receiving Funds | Summary of Use | | | Total |
|----------------------------------|----------------|-----------|----------|----------|
| | Training | Equipment | Supplies | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 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