

CBRAC EMS COUNTY Grant

FY 2015

Expenditure Report

Must be returned to CBRAC prior to issuance of future funding checks

Agency Name: **CORPUS CHRISTI FIRE DEPARTMENT**

City & County: **CORPUS CHRISTI, NUECES**

Director/admin of record: **Mickie Flores** (correct if necessary _____)

Re: **Utilization of Funds Received from the CBRAC EMS Grant**

Total amount of allocation this provider is eligible to receive: **\$ 2,951.62**

Purchase / Expenditures during period June 15, 2015 - August 31, 2016: \$ 17,235.90 (must be \geq \$2,951.62)

| Type of Item | Item Detail / Description | Cost |
|---------------------------|-----------------------------------|---------------------|
| Education / Training | _____ | \$ _____ |
| | _____ | \$ _____ |
| Supplies | Various Medical Supplies | \$ 18,060.82 |
| | See Attached Spohn Invoice | \$ _____ |
| Education / Training | _____ | \$ _____ |
| | _____ | \$ _____ |
| Computer Equipment | _____ | \$ _____ |
| Other Operational Expense | _____ | \$ _____ |
| | _____ | \$ _____ |
| Other Capital Expense | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | Total | \$ 18,060.82 |

(Copies of receipts or purchase orders/commitments for all funds expended MUST BE INCLUDED up to amount being received)

*Please prioritize and list anticipated needs for upcoming FY

*Please prioritize and list anticipated long-term system development needs

Name of person completing report (PRINT): **Mickie Flores**

Title: **EMS Battalion Chief**

Phone: 361-826-3941 FAX: 361-826-4347

Administrator's Signature: M. Flores Title: **EMS Battalion Chief**

Name (Print): **Mickie Flores**

Date: **11-19-15**

* Provide additional separate sheet if necessary