

State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

The state of the s		Contribution Information
Amount	State Agency Providing the Contribution	
\$400,000.00	K050 - Department of Public Safety	Beaufort Crime Lab

Organization Information			
Entity Name	Beaufort County Sheriff's Office		
Address	PO Box 1758		
City/State/Zip	Beaufort SC 29901		
Website	www.bcso.net		
Tax ID#	57-6000311		
Entity Type	County		

ATTENDED TO	Organization Contac	t Information
Name	PJ Tanner	THE RESERVE TO SERVE THE PARTY OF THE PARTY
Position/Title	Sheriff	DECRIVET
Telephone	8432553200	Thomas
Email	pjtanner@bcgov.net	DEC 1 0 2022
		11-1, 12, /11/3

Highway Safety Accounting

NAME OF TAXABLE PARTY.	Reporting Period
Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023

Proceed at		Expenditures					
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
IZ ANALYST NOTEBOOK PREMIUM LICENSE	\$400,000.00				,	\$0.00	\$400,000.00
FORENSIC CRACK CABINET				\$33,605.00	/	\$33,605.00	-\$33,605.00
FORENSIC COLLECTION BOX				\$3,155.22		\$3,155.22	-\$3,155.22
FREEZER AUTO DEFROST				\$1,753.19		\$1,753.19	-\$1,753.19
REGRIGERATOR /FREEZER COMBO				\$3,018.77		\$3,018.77	-\$3,018.77
FREEZERLESS REFRIGERATOR				\$3,391.64	V	\$3,391.64	-\$3,391.64
				\$587.24		\$587.24	-\$587.24
						\$0.00	\$0.00
Grand Total	C400 000 00					\$0.00	\$0.00
Grand Total	\$400,000.00	\$0.00	\$0.00	\$45,511.06	\$0.00	\$45,511.06	\$354,488.94

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

12 The Part 2 2 1 20 Miles	Expenditure Certification
The Organization certifies that the funds have	been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.
Signature	Title
Printed Name	Dete

Date