

## 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 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, 2025.

		Contribution Information	THE ST
Amount	State Agency Providing the Contribution	Purpose	
\$200,000.00 K050 - Department of Public Safety		Public Safety Equipment	

Organization Information				
Entity Name	Hemingway Police Department			
Address	Post Office Box 968			
City/State/Zip	Hemingway SC 29556			
Website	Townofhemingway.org			
Tax ID#	576001046			
Entity Type	Municipality			

	Organization Contact Information	
Name	William Freeman	T T C C T T T T T
Position/Title	Town Administrator	RECEIVE )
Telephone	8433728846	
Email	admin@townofhemingway.org	OCT 1 5 2026
		061 10 2024

Highway Safety Accounting

Reporting Period					
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024	_			

Accountin	g of how the f	funds have bee	en spent:	THE PARTY NAMED IN	2000	C 0.75	2 7 7 1
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Funds left of Amount Awarded	\$20,205.61	\$0.00				\$0.00	\$20,205.61
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
		\$0.00				\$0.00	\$0.00
Grand Total	\$20,205.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,205.61

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

We have order the rest of the equpment but have not been invoiced as of yet.

**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

WILLIAM FreeMan

Printed Name

Title

Date