

State of South Carolina Contribution Expenditure Report

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, 2024. 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

Amount State Agency Providing the Contribution

Entity Name Smith Medical Clinic, Inc
Address 99 Baskervill Drive
City/State/Zip Pawleys Island, SC 29585
Website www.smithfreeclinic.org
Tax ID# 57-0786699
Entity Type Nonprofit Organization

三人の からから かんとう	O Banization Contact Information
Name	Gretchen Smith
Position/Title	Executive Director
Telephone	864-616-2833 (cell)
Email	gsmith@smithfreeclinic.org

|--|--|

250,044.43	10.000,1010	20.00	4/00:00		1		
\$00 CAA A3	\$0.00 \$151 355 67	\$0.00	\$72 925 28	\$78.430.29	\$0.00	Grand Total \$250,000.00	Grand Total
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
-\$21,674.69	\$21,674.69		\$12,374.42	\$9,300.27			
-\$13,916.96	\$13,916.96		\$10,437.72	\$3,4/9.24			Medical Supplies/Equipment
\$115,/63.92 -\$115,/63.92	75.597,611¢		\$20,113.14	\$2,020.70			Patient Navigator/Care Coordinator
4445 750 00	למוד לרו המולי		¢50 113 1/	\$65,650,78			Medical Staffing
\$250,000,00	\$0.00				\$0.00	\$250,000.00	Siller Medical Cillic
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	Smith Modical Clinic
		To a substitution of the s	Expenditures				(Attach additional datail for authorities and definitional datail for authorities and definition and
			の日本日本 日本	The second			
				n spent.	funds have bee	Accounting of how the funds have been spent:	Account

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

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.

Expenditure Certification

Signature

Date

Printed Name Greather SMITH