

## 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

	1020 - Department of Health and Human Services	
Purpose	State Agency Providing the Contribution	Amount
Contribution Information		

	Organization Information
Entity Name	Town of Eastover
Address	624 Main Street
City/State/Zip	Eastover, SC 29044
Website	www.eastoversc.com
Tax ID#	57-0479594
Entity Type	Municipality

Reporting Period Quarter 1: July 1, 2023 - September 30, 2023

**Reporting Period** 

	Organization Contact Information
Name	Geraldene Robinson
Position/Title	Mayor
Telephone	803-353-2281
Email	mayorrobinson@eastoversc.com

Grand Tot							Annual May Festival & Jam Fest	Christmas Parade	National Night Out	(Attach additional detail for subgrantees and affiliated nonprofits)	Description	Accou
Grand Total \$50,000.00							\$20,000.00	\$15,000.00	\$15,000.00	Budget		Accounting of how the funds have beer
\$0.00							\$0.00	\$0.00	\$0.00	Quarter 1		funds have bee
\$0.00										Quarter 2		n spent:
\$0.00				70.00						Quarter 3	Expenditures	
\$0.00				8						Quarter 4		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total		
\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				Balance		

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

**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 Geraldene Rubinson **Printed Name** 

Title Seems

Date