

## State of South Carolina Contribution Expenditure Report

12/31/2024 24038

PIN: **1841022** 

Contract and Reporting Pe	riod					
Medical Experience Academy Entity Name  Quarter 1 Reporting Period			EMK814 Contract Number  ▼			
Contribution Information						
\$150,000.00 SC Department of Public Health			MedEx Academy			
Organization Contact Infor	mation					
Polly H. Miller Contact Name		SVP Finance Position/Title	(864) 4 Teleph	414-9126 one	desmond.kelly@pris	smahealth.org
Accounting of how the fund	ds have been	spent:				
Description					Expenditures	
Not applicable.						\$0.00
					Grand Total:	\$0.00
Explanation of any unspen	t funds <i>(to be</i>	e provided only if un	spent fu	nds remain	at the end of the fiscal	year):
Not applicable.						
<b>Expenditure Certification</b>						
The Organization certifies Providing the Distribution  Reason for Rejection: (Entit	and for a pub	olic purpose.			the Plan provided to the Rebecca Taylor 12/31/2024, 9:59:28 zation Signature	