



State of South Carolina Contribution Expenditure Report

1/15/2025

24148

PIN: 1821063

Contract and Reporting Period

SmokeFree SC

Entity Name

EMK757

Contract Number

Quarter 1

Reporting Period

Contribution Information

\$1,000,000.00

SC Department of Public Health

SmokeFree SC Project

Organization Contact Information

Barbara Derrick

Contact Name

Executive Director

Position/Title

(803) 719-2304

Telephone

barbara@smokefreesc.org

Email

Accounting of how the funds have been spent:

Description

Expenditures

Planning Retreat/Facilitator Fee

\$10,485.70

Grand Total: \$10,485.70

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.

Reason for Rejection: (Entity will receive this in email response.)

Barbara Derrick

1/15/2025, 12:52:56 PM

Organization Signature

Trace for form: EMK-ReportingProcess First Name: null Last Name: null

Received from: General Admin Assigned to: System Action: Lock Override Time: Jan 21, 2025
10:44 AM

Received from: General Admin Assigned to: System Action: Lock Override Time: Jan 21, 2025
10:56 AM