State of South Carolina Contribution Expenditure Report



PIN: **1841022**

Contract and Reporting Period

TH CARO

Medical Experience Academy		EMK814	
Entity Name		Contract Numb	er
	Quarter 1	\checkmark	
	Reporting Period		
Contribution Information			
\$150,000.00	SC Department of Public Health		MedEx Academy
Organization Contact Inform	mation		
Polly H. Miller Contact Name	SVP Finance Position/Title	(864) 414-9126 Telephone	desmond.kelly@prismahealth.org Email
Accounting of how the fund	ds have been spent:		
Description			Expenditures
Not applicable.			\$0.00
			Grand Total: \$0.00

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

Not applicable.

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 recieve this in email response.)	Rebecca Taylor 12/31/2024, 9:59:28 AM
	Organization Signature