State of South Carolina Contribution Expenditure Report

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 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of each quarter. **Quarterly reports are due as follows: Q1, October 31, 2024; Q2, January 31, 2025; Q3, April 30, 2025; Q4, July 31, 2025. Please submit completed reports to Roxanne Ancheta, AnchetaRM@scdot.org**

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$1,000,000	U120 - Department of Transportation	N. Poinsett Highway Project

Organization Information	
Entity Name	City of Travelers Rest
Address	125 Trailblazer Dr.
City/State/Zip	Travelers Rest, SC 29690
Website	travelersrestsc.com
Tax ID#	57-6007217
Entity Type	Municipality

Organization Contact Information	
Name	Shannon Herman
Position/Title	City Administrator
Telephone	864-834-8740
Email	shannon@travelersrestsc.com

Reporting Period	
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
		$0.00				$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
Grand Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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

Construction is set to begin in the next couple of weeks. No State contribution funds have been expended yet.

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

Printed Name: Shannon Herman

Title: City of Travelers Rest Administrator

Date: 10/24/24