EXHIBIT THREE
COOK COUNTY EMERGENCY TELEPHONE SYSTEM BOARD
9-1-1 SURCHARGE REALLOCATION PROGRAM
EXPENDITURE AUDIT REPORT
FY 2010

AGENCY NAME:

AGENCY CONTACT PERSON:

AGENCY CONTACT PHONE #:

AGENCY TYPE (POLICE, FIRE, EMS, OTHER):

REPORT COMPLETED BY (NAME AND TITLE):

AMOUNT OF FUND AWARD:

UNLIQUIDATED BALANCE (IF APPLICABLE):

Attach all necessary documentation of reported expenditures.

Date of Expenditure	Description	Cost
	Total Expenditures:	
	Unliquidated Balance:	

Certification: I certify that to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the surcharge reallocation documents.

_____

Signature of Authorized Certifying Official Date

_____

Attest Date