EXHIBIT THREE

COOK COUNTY EMERGENCY TELEPHONE SYSTEM BOARD
9-1-1 SURCHARGE REALLOCATION PROGRAM
EXPENDITURE AUDIT REPORT
FY 2009

AGENCY NAME: _____

AGENCY CONTACT PERSON: _____
NAME TITLE

AGENCY CONTACT PHONE #: _____

AGENCY TYPE: ☐ POLICE ☐ FIRE ☐ EMS OTHER:_____

REPORT COMPLETED BY _____

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