



STATE OF NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY  
F.I.N. 30 - 0712287  
4220 MSC  
RALEIGH, NORTH CAROLINA 27699-4220

66-1059  
531

NO.

752193

Payable at Par Through Federal Reserve System  
State Treasurer, Raleigh, NC

PAY ENTITY  
19PN

Date  
03/04/19

Void After One Year  
AMOUNT  
\$\*\*\*\*\*948.09

PAY Nine hundred and forty eight and 09/100 dollars

TO THE ORDER OF

DURHAM COUNTY EMERGENCY MGMT  
2422 BROAD STREET  
DURHAM NC 27704-3006

*James J. Cheek*  
AUTHORIZED SIGNATURE



⑈000752193⑈ ⑆053110594⑆ ⑈0000073⑈

19PN

STATE OF NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY  
4220 MSC RALEIGH, NORTH CAROLINA 27699-4220

NO.

752193

DATE	INVOICE/CREDIT MEMO	TYPE	DESCRIPTION	INVOICE AMOUNT	DEDUCTIONS OR DISCOUNT	NET AMOUNT
02/27/19	T2-2018-1845#1		030419-0200	\$948.09		\$948.09
	RC KELLY BELL T2-2018-1845/#1 TIER II		2018 NON COMPETITIVE			
			<b>TOTALS</b>	<b>\$948.09</b>	<b>\$0.00</b>	<b>\$948.09</b>



STATE OF NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY

NC EMERGENCY MANAGEMENT  
4105 Reedy Creek Rd  
RALEIGH, NC 27607

**COST REPORT**  
Tier II 2018 Non Competitive

Vendor: DURHAM COUNTY EM  
Contact: James E Groves  
Address: 2422 Broad Street  
Durham, NC 27704-3006  
Vendor Nbr/Fed ID Nbr: 566600297A  
Co/Acct/Ctr: 1901-536902-1506-8064  
OSA Contract Number:  
Grant Period: 1/1/2018 - 12/31/2018  
MOA Nbr: T2-2018-1814

CFDA:

Request # \_\_\_\_\_

Fund Code: 1506  
RCC: 8064  
FRC:

Remarks: Deobligated 2/19 KB.

Budget Worksheet	Planning						Total
Budget Amounts:	948.09	0.00	0.00	0.00	0.00	0.00	948.09
Prior Expenditures:	-948.09	0.00	0.00	0.00	0.00	0.00	-948.09
Current Balance:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expended this period:							
Balance Remaining:							

Funding Worksheet	Amount	Pmts to Date	Balance	% Funding	Reimbursement	New Balance
Federal	0.00	0.00	0.00	0.00%		
State	948.09	-948.09	0.00	100.00%		
Match	0.00	0.00	0.00	0.00%		
Other	0.00	0.00	0.00	0.00%		
Subtotal	948.09	-948.09	0.00	100.00%		
Fed Admin	0.00	0.00	0.00	0.00%		
Total	948.09	-948.09	0.00			

**Certification**

I certify the above are correct, based on subgrantees official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purpose of and in accordance with, applicable grant terms and conditions, and that appropriate documentation to support these costs and expenditures is available or attached.

\_\_\_\_\_  
DURHAM COUNTY EM Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NC EMERGENCY MANAGEMENT Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller's Office Approval

\_\_\_\_\_  
Date