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| **911-SAM Annual Audit for 20\_\_\_-20\_\_\_\_ Distributions** |
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| **WSP** |  |
| **Name of Person Completing Annual Audit Form:** |  |
| **Street Address** |  |
| **City, State, Zip**  |  |
| **Telephone Number** |  |
| **Fax Number** |  |
| **Email Address** |  |
|  |  |  |  |
| **Administrative Costs** |
| **Date of Expenditure** | **Vendor Paid** | **Purpose of Expenditure** | **Total Amount of Invoice** |
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| *If more rows needed, insert above this row* |
| **Total Expenditures paid with Wireless E911 funds** |   |   |   |
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| **Facilities Costs** |
| **Date of Expenditure** | **Vendor Paid** | **Purpose of Expenditure** | **Total Amount of Invoice** |
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| *If more rows needed, insert above this row* |
| **Total Expenditures paid with Wireless E911 funds** |   |   |   |
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| **Database Vendor (i.e., Intrado, TCI)** |
| **Date of Expenditure** | **Vendor Paid** | **Purpose of Expenditure** | **Total Amount of Invoice** |
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| *If more rows needed, insert above this row* |
| **Total Expenditures paid with Wireless E911 funds** |   |   |   |
| The above is for informational purposes only, and intended only to assist parties in the completion of their audit. If any difference exists between this form and any law, regulation or case law, then such law, regulation or case law shall control. |