

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 of 2022 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 year quarter and by June 30, 2023.

		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$250,000.00		

Organization Information			
Entity Name	Voorhees University		
Address	PO Box 678		
City/State/Zip	Denmark, SC 29042		
Website	www.voorhees.edu		
Tax ID#	57-0329786		
Entity Type	Nonprofit Organization		

Reporting Period				
Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023			

Organization Contact Information		
Name	V. Diane O'Berry	
Position/Title	Vice President for Business and Fiscal Affairs	
Telephone	803-780-1149	
Email	doberry@voorhees.edu	

Accounti	ng of how the f	funds have bee	en spent:	Section Section		A COLORADO SE A COLORADO S	
		Expenditures					
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
(1) Consultants	\$75,000.00				\$5,954.10	\$5,954.10	\$69,045.90
(2) Internships	\$75,000.00				\$2,867.50	\$2,867.50	\$72,132.50
(3) Travel	\$50,000.00				\$2,930.68	\$2,930.68	\$47,069.32
(4) Supplies/Software	\$50,000.00				\$0.00	\$0.00	\$50,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$250,000.00	\$0.00	\$0.00	\$0.00	\$11,752.28	\$11,752.28	\$238,247.72

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

Remaining funds will be used to support student internships (on and off campus); provide transportation to off campus interships sites; provide funding for speakers to assist students in career preparation and development.

	Expenditure Certification
The Organization certifies that the funds have been expended in accordance w	ith the Plan provided to the Agency Providing the Distribution and for a public purpose.
Signature LANCOBERNY Printed Name	VP For Business Fiscal Affairs Title 6/29/23 Date