

MEADVILLE AREA AMBULANCE SERVICE

REPORT TO BE SUBMITTED ON A QUARTERLY CALENDAR YEAR BASIS TO WEST MEAD TOWNSHIP REGARDING AMBULANCE SERVICE COVERAGES

Period Beginning _____ Ending _____

REVENUE

West Mead Township Contributions	\$ _____
All Other Municipal Contributions	_____
Emergency Services Costs and Expenses Reimbursements Grant Funds	_____
Emergency Services Costs and Expenses Reimbursements Insurance And Patient Payments	_____
Total Revenues	\$ _____

EXPENDITURES

Office Expenses/Supplies	\$ _____
Fund Raising-Membership Expenses	_____
Employee Costs & Benefits	_____
Training Expenses	_____
Utilities (Gas, Electric, Sewer, etc.)	_____
Telephone	_____
Insurance	_____
Miscellaneous Expenses	_____
Furniture and Office Equipment Purchases	_____
Loan Payments	_____
Building Expenses/Maintenance and Repairs	_____
Equipment Expenses/Maintenance and Repairs	_____
Fuel	_____
Ambulance Equipment Purchases	_____
Other	_____
Total Expenditures	\$ _____

AMBULANCE COVERAGE REPORT

Total Calls Answered: _____ Calls Within West Mead Township: _____
Calls Not Answered: _____ Calls Not Answered Within West Mead Twp: _____
Total Calls Actual Transports: _____ Transports Within West Mead Township: _____
Average Response Time: _____ Average Response Time Within West Mead Twp: _____

Roster – Active Employees for Ambulance Duty:

Supervisory _____ Drivers _____ EMT _____ Paramedic _____

Date _____ Signed _____
Title _____