

**WEST VIRGINIA MEDICAL IMAGING & RADIATION
THERAPY TECHNOLOGY BOARD OF EXAMINERS**

1715 FLAT TOP ROAD

P.O. BOX 638

COOL RIDGE, WV 25825-0638

Telephone: (304) 787-4398 Toll Free: (877) 609-9869 Fax: (304) 787-3030

E-mail: wvrtboe@suddenlinkmail.com Web Page: www.wvrtboard.org

FY 2010 FINANCIAL STATEMENT

Beginning Balance as of July 1, 2009 \$97,634.18

Deposits for FY 2010 \$202,191.50

Total Receipts: \$299,825.68

Disbursements for FY 2010

| | | |
|-----|----------------------------------|-------------------|
| 001 | Payroll | \$81,624.63 |
| 002 | Per Diem | \$5,175.00 |
| 004 | Increment | \$2,220.00 |
| 010 | Adm. fees | \$400.00 |
| 011 | SS & Medicare | \$6,420.06 |
| 012 | P/E Insurance Agency | \$7,428.48 |
| 014 | Worker's Compensation | \$596.00 |
| 016 | P/E Retirement System | \$8,876.42 |
| 020 | Office Expenses | \$1,106.77 |
| 021 | Printing | \$1,779.50 |
| 022 | Rent | \$4,425.00 |
| 023 | Utilities | \$1,981.98 |
| 024 | Telecommunications | \$4,054.57 |
| 025 | Contractual / Professional | \$13,483.25 |
| 026 | Travel Expenses | \$12,746.11 |
| 027 | Computer Services | \$1,969.16 |
| 029 | Vehicle Rental | \$1,104.00 |
| 030 | Equipment Lease (Copier) | \$1,625.40 |
| 031 | Association Dues | \$730.00 |
| 032 | Liability Insurance | \$3,356.00 |
| 033 | Food Products (bottled water) | \$3.99 |
| 034 | Household Supplies | \$162.08 |
| 036 | Vehicle Maintenance | \$1,166.59 |
| 041 | Cellular Charges | \$849.52 |
| 042 | Hospitality | \$1,315.89 |
| 044 | Energy Expense (Gasoline) | \$769.13 |
| 051 | Miscellaneous | \$12.30 |
| 052 | Training & Development | \$838.96 |
| 053 | Postal Expenses | \$2,827.62 |
| 054 | Computer Supplies | \$4,163.11 |
| 058 | Miscellaneous Equipment | \$959.25 |
| 065 | Vehicle Repairs (major) | \$3,538.34 |
| 089 | Bank Cost (Credit Card Expenses) | \$3,372.54 |
| 110 | PEIA Reserve Transfer | \$958.69 |
| 160 | WV OPEB Contribution | <u>\$1,657.24</u> |
| | Total Disbursements: | \$183,697.58 |

| | | |
|----------------------------|----------------------------|--------------|
| | Balance as of July 1, 2010 | \$116,128.10 |
| Balance as of July 1, 1009 | \$97,634.18 | |

REVENUE RECEIVED FOR FY-2010

| | # Issued | Amount |
|--------------------------|-----------------|---------------|
| Permanent License Fee | 230 Issued | \$23,000.00 |
| Renewal License Fee | 2,604 Issued | \$169,260.00 |
| Podiatry Permits | 8 Issued | \$800.00 |
| Probationary Licenses | 1 Issued | \$40.00 |
| Reinstatement Fee | 169 Issued | \$4,225.00 |
| Temporary License Fee | 44 Issued | \$1,760.00 |
| Name Change Fee | 4 Issued | \$60.00 |
| Address List | 1 Issued | \$200.00 |
| Duplicate License Issued | 15 Issued | \$225.00 |
| Consent Order Payment | 5 | \$1,072.50 |
| Brickstreet Refund | 1 | \$249.00 |
| Auto Deductible Refund | 1 | \$1,000.00 |
| Return Check Fee | 4 | \$100.00 |
| State Testing | 2 | \$200.00 |

Total Revenue Collected for FY-2010

\$202,191.50