

Christian County CARES Act Reimbursement Request Form

Christian County CARES Act Committee
 1106 W. Jackson St. Phone: (417) 581-7242
 Ozark, MO 65721 Email: caresact @christiancountymo.gov



Contact Information and Address for Reimbursement to be Sent	
Name of Entity Making Request:	
Name:	Title:
Address:	
Telephone:	Email:

(separate information must be provided for each invoice/vendor)

Itemized Listing of Expenditures			
Please provide the following information for any items for which you are requesting reimbursement:			
<u>Brief Description/Note</u>	<u>Inv./Req No.</u>	<u>Date</u>	<u>Amount</u>
		Total	

Copies of paid invoices or receipts must accompany all requests

Please provide a brief explanation of how this expenditure is eligible for reimbursement under CARES Act guidelines

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Have you requested or received funding from any other source or program with regard to the items listed in this reimbursement request? **No** **Yes**

Are you eligible to receive funding from another source for any of the items listed in this request?
No **Yes**

In signing this request for funding, I certify that the information provided is true and accurate to best of my knowledge and that the funding requested is reimbursement for expenditures made, related to the COVID-19 emergency and identified as eligible under the CARES Act.

Signature of authorized official: _____	Date: _____
Printed name:	Title: