

Application No.: _____ Date Received: _____

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](mailto: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:

Brief Description/Note	Inv./Req No.	Date	Amount
		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

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: