HENDRICKS CARES GRANT REIMBURSEMENT REQUESTFORM

BUSINESS NAME:		ADDRESS:		
OWNER NAME:				
EMAIL:		PHONE:		
TOTAL REIMBURSEMENT REQUEST: 1				

A RECEIPT MUST BE ATTACHED FOR EACH CARES REIMBURSEMENT EXPENSE REQUEST.

*CATEGORY OPTIONS: PAYROLL, RENT, UTILITIES, EQUIPMENT COSTS, INVENTORY, CRITICAL OPERATING EXPENSES, REOPENING EXPENSES, TRAINING, OTHER (SPECIFY).

DATE	PAID TO	*CATEGORY	COST	
DATE			0001	
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	TOTAL DEOLICET	<u>ا</u>	<u> </u>	
TOTAL REQUEST: \$				

TOTAL REQUEST:

*The City of Hendricks has the authority to request further documentation and approve or deny any reimbursement requests. *The applicant confirms that the expenses listed above have not been covered by any other grant or funding including EIDL, PPE, or Lincoln County CARES Grant Program.

I certify that this claim is correct and that all items have been paid for above.

Applicant's Signature

EDA Chairman Approval

City Administrator Approval