**ARP REIMBURSEMENT FORM**

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| **INVOICE/RECEIPT # (if applicable):**  |
| **STAFF NAME:**  | **DATE OF EXPENSE/PURCHASE:**  |
| **PARTICPANT No.:** |  |
| **AMOUNT REQUESTED**(Attach a copy of the receipt/invoice) | **VENDOR/MERCHANT NAME** | **DESCRIPTION OF EXPENSE/PURCHASE** |
|  |  |  |
| **PLEASE PROVIDE A BRIEF NARRATIVE JUSTIFICATION FOR THE EXPENSE/PURCHASE.** (Please note the expense/purchase must prevent, prepare for, or respond to the COVID-19 public health emergency.) |
|  |
| **APPROVED BY:**  |
| **SIGNATURE:** | **DATE:** |