**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:** | |