

**THE STATE OF ALABAMA**

**CORONAVIRUS RELIEF FUND REIMBURSEMENT REQUEST FORM**

Request Date:		<b>Please email completed request form to:</b>  <a href="mailto:localgov@finance.alabama.gov" style="color: white;">localgov@finance.alabama.gov</a>		
County or Municipality Name:				
STAARS Vendor Code:		*This number should begin with VC or VS.		
STAARS Address ID:		*If you do not know your Address ID, please fill out payment address below.		
STAARS Payment Address:				
	Street Address/PO Box	City	State	Zip Code

	Item Description	Total Expenses
1	PERSONAL PROTECTIVE EQUIPMENT (PPE)	
2	CLEANING AND SANITATION	
3	MEDICAL	
4	TELEWORK EXPENSES	
5	WORKPLACE SAFETY PREPARATIONS	
6	TRAINING	
7	PAYROLL	
99	OTHER (EXPLAIN):	
<b>TOTAL REIMBURSEMENT AMOUNT</b>		

\*Total Reimbursement Amount should match the total of the attached invoices.

I certify that the above expenditures meet the following conditions:

- 1) The expenditures have been or will be used to cover those costs that are necessary to prevent, prepare for, and respond to the coronavirus public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- 2) Were not accounted for in the budget most recently approved as of March 27, 2020, for the Entity;
- 3) Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020;
- 4) Will not be used to replace or supplant any other funding nor to fill or prevent revenue shortages; and
- 5) Are requested in accordance with the Coronavirus Relief funds (CRF) Acknowledgement and Certification on file with the State Comptroller's Office.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone Number