THE STATE OF ALABAMA

CORONAVIRUS RELIEF FUND REIMBURSEMENT REQUEST FORM

County or Municipality Name: STAARS Vendor Code: STAARS Address ID: STAARS Address ID: STAARS Payment Address: Street Address/PO Box City State Item Description Total E PERSONAL PROTECTIVE EQUIPMENT (PPE) CLEANING AND SANITATION MEDICAL TELEWORK EXPENSES WORKPLACE SAFETY PREPARATIONS TOTAL REIMBURSEMENT AMOUNT "Total Reimburseme match the total of the coronavirus public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); Were not accounted for in the budget most recently approved as of March 27, 2020, for the Entity; Well not be used to replace or supplant any other funding nor to fill or prevent revenue shortages; and Share requested in accordance with the Coronavirus Relief funds (CRF) Acknowledgement and Certification or State Comptroller's Office.	est form to:
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Signature/Date Title	

Telephone Number

Email