

# THE STATE OF ALABAMA

## CORONAVIRUS RELIEF FUND REIMBURSEMENT REQUEST FORM

Request Date:		<b>Please email completed request form to:</b>  <a href="mailto:highered@finance.alabama.gov">highered@finance.alabama.gov</a>		
Higher Education 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 the payment address below		
STAARS Payment Address:				
	Street Address/PO Box	City	State	Zip Code

		REMOTE LEARNING APPR 380	COVID-19 EXPENSES APPR 362	TOTAL
	<b>Item Description</b>			
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
- 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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

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