

THE STATE OF ALABAMA
EXPENDITURE LISTING FORM
NON-ENTITLEMENT UNITS
AMERICAN RESCUE PLAN

Request Date:		PLEASE UPLOAD YOUR COMPLETED FORM TO YOUR APPLICATION IN SUBMITTABLE
Name of City/Town:		
TOTALS SHOULD BE ENTERED FOR EXPENSES OF MONTHS AND DATES BELOW		
		TOTAL
JAN 2019		
FEB 2019		
MAR 2019		
APR 2019		
MAY 2019		
JUNE 2019		
JULY 2019		
AUG 2019		
SEPT 2019		
OCT 2019		
NOV 2019		
DEC 2019		
TOTAL BUDGET AMOUNT		

I certify the above expenditures amount meets the following criteria:

- 1) The amount listed above is the most recent annual total expenditures, including General Fund and other funds, in effect as of January 27, 2020.
- 2) The entity did not have an operating budget in effect as of January 27, 2020.

Authorized Representative (Print Name)

Title

Authorized Representative Signature

Date