



CARES Act Spending Allocation Invoice Template

Invoice Number:	Contract No.: Will be prefilled & locked
Invoice Date:	
Invoice Period:	SAP No.: Will be prefilled & locked
Invoice Amount: \$0.00	SAP Vendor Code: Will be prefilled & locked
City Name	
City Address	<div style="background-color: black; width: 100px; height: 15px; margin: 0 auto;"></div>

Expense Categories	Expenditures for Invoice Period	Cumulative Expenditures
Project Costs		
Administrative Expenses		
Diverted Budgeted Personnel and Services		
COVID-19 Testing and Contact Tracing		
Economic Support		
Facilitating Distance Learning		
Food Programs		
Housing Support		
Public Employees Telework Improvements		
Medical Expenses		
Nursing Home Assistance		
Payroll for Public Health and Safety Employees		
Personal Protective Equipment (PPE)		
Public Health Expenses		
Small Business Assistance		
Unemployment Benefits		
Workers' Compensation		
Tax and Revenue Anticipation Notes (TRANS) Costs		
Total Direct Costs	\$0.00	\$0.00

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures identified above have not been previously claimed nor reimbursed by any other source. Additionally, by signing below, I certify that the use of funds submitted for reimbursement will be used only to cover those costs that: i) are necessary expenditures incurred due to the public health emergency with respect to COVID-19; ii) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act); and iii) were incurred during the period that begins March 1, 2020, and ends December 30, 2020. By signing below, I understand that any reimbursement for CARES Act funding that is determined by subsequent audit to be unallowable under the CARES Act within the time period required by the CARES Act, but no later than one hundred twenty (120) days of receiving notice of audit findings (which time shall include an opportunity for the Entity to respond to and/or resolve the findings) will be repaid to County. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

City representative name and title Phone Number

City authorized representative signature Date