



Business Expense Reimbursement

Business Name: _____

Lease/Mortgage Expense: (Lease Agreement and Proof of Payment)

Month:	April	May	June	July	August	September	October	Total Amount:
Rent, Lease or Mortgage:	<input type="text"/>							
Common Area Maintenance:	<input type="text"/>							
Insurance:	<input type="text"/>							

Payroll: (Proof of Payment)

Month:	April	May	June	July	August	September	October	Total Amount:
Payroll:	<input type="text"/>							

Utilities: (Reimbursements will only be made to utilities registered under the business)

Company Name:

_____	<input type="text"/>	
TOTAL UTILITIES:		<input type="text"/>

COVID-19 Safety Precautions: List COVID Related Purchases (maximum of 5)

Expense Description:

_____	<input type="text"/>	
TOTAL SAFETY EXPENSE:		<input type="text"/>

Operating/Reopening Expenses:

Expense Description:

_____	<input type="text"/>	
TOTAL OPERATING/REOPENING EXPENSE:		<input type="text"/>

TOTAL EXPENSE:

Grant maximum is \$10,000.00. Once maximum is reached no additional expense will be considered.