

COVID-19 Reimbursement Request Form

Personal Protective Equipment (PPE) & Cleaning Supplies Reimbursement

* Required

1. Email address *

2. School/Office Name *

3. School/Office Batch Org (3 digit ID) *

4. PROG ID # (5 digit ID) *

5. Vendor Name *

6. What is the payment date? (Please use the MM/DD/YY format) *

7. Invoice Number or P-Card Reference Number of Reimbursable Expenditure *

8. Did this invoice include any PPE? If yes, check all that apply. *

Check all that apply.

- No PPE purchased
- Masks
- Gloves
- Face Shields
- Gowns
- Shoe Covers
- Hair/Head Caps
- Protective Body Suits
- N-95 Masks
- K-95 Masks
- Disposable Masks
- Cloth Masks
- Clear Masks
- Eye Guards
- Goggles
- Glasses
- Face Shield Hats
- Face Mask Holder/Extender
- Face Mask Keeper/Lanyards

Other: _____

9. Payment Amount to Claim for Reimbursement of PPE Supplies including tax and shipping. (Use XXX.XX format) *
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10. Did this invoice include any of the following equipment? If yes, click all that apply. *

Check all that apply.

- No equipment purchased
- Plexi-Glass Sneeze Guards
- Glass Sneeze Guards
- Hand Sanitizer Pumps/Stations
- No Touch Wall Mounted Thermometer
- No Contact Infrared Thermometers
- No Touch Infrared Thermometer Kiosk
- Misters/Foggers/Sprayers For COVID-19 use exclusively
- UV Light Sanitizer
- UV Light Disinfectant Lamp
- UV Light Sanitizer Wand

Other: _____

11. Payment Amount to Claim for Reimbursement of Equipment including tax and shipping (Use XXX.XX format) *
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12. Did this invoice include any of the following supplies? If yes, click all that apply *

Check all that apply.

- No supplies purchased
- Mop Heads
- Rags
- Mops
- Paper Towels
- Disinfecting Wipes
- Disinfecting Spray
- Hydrogen Peroxide
- Alcohol
- Bleach
- Professional Disinfecting Services
- Spray Bottles
- Antibacterial Gel
- Sanitizer Gel/Solution
- Hand Soap

Other: _____

13. Payment Amount to Claim for Reimbursement of Disinfecting Supplies including tax and shipping (Use XXX.XX format) *

14. Total Amount of Claim (This should be the sum of the three types of allowable costs - PPE, Equipment, and Disinfecting Supplies) (Use XXX.XX format) *

15. PO# (if a P-Card charge or direct payment, leave blank)

16. Payment # (if a P-Card charge, leave blank)

17. Approval to Pay (ATP) # (8 digits-MMDD HRMN, if a P-Card charge or direct payment, leave blank)

18. P-Card Statement Date (MM/DD/YY format, if a PO payment or direct payment, leave blank)

19. Please attach a PDF file of all payment related documents here. For PO or direct payments, please upload a copy of the PO, invoice/receipt, PY-1. For p-cards, please include a copy of the credit card statement, statement of account, and invoice/receipt. Please name your file as follows BATCHORG#-PAYMENT# or P-Card Reference#) (i.e., 007-VZ123456.pdf) (007-12345678912345678912345.pdf) *

Files submitted:

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