

HIDALGO COUNTY AUDITOR'S OFFICE

Instructions For Coronavirus Relief Fund Reimbursement Request Form

GENERAL INSTRUCTIONS

Please complete all sections of the Reimbursement Request Form and forward the completed form along with supporting documentation via:

email: COVID-19@auditor.co.hidalgo.tx.us
mail: HIDALGO COUNTY AUDITOR
ATTN: ACCOUNTS PAYABLE DIVISION
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243

Please note that the review process takes anywhere from 10 to 30 days to complete. All payments will be paid via check.

Section 1: Contact Information

1. **Name:** Enter the name of the university.
2. **Contact Name:** Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation.
3. **Contact Title:** Enter the title of the contact person.
4. **Mailing Address:** Enter the mailing address where reimbursement checks should be mailed.
5. **Contact Phone:** Enter the Contact's phone number (and ext., if applicable.)

Section 2: Coronavirus Relief Fund Expenditure Information

6. **Report Period:** Enter the beginning and ending dates of the period covered by reimbursement request.
The Begin Date should not predate March 1, 2020 and the End Date should not postdate August 31, 2020.
7. **Payment Request No.:** Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered using UTR and the number of the request. For example, the UT - Rio Grande Valley would number its first payment request form as UTR-1, the second payment request form as UTR-2, and so on.
For ease of review and to expedite payments, it is preferred that each request be limited to one category of expense.
8. **Expense Category:** Indicate the type of expenditures for which reimbursement is being requested by checking the appropriate category of expense.
9. **Amount Paid:** Enter the dollar amount of expenditures being requested for reimbursement. Documentation that is required to be submitted to support this amount includes, but is not limited to: cancelled checks; invoices; payroll records; personnel policies; purchasing policies; bid documents or cooperative purchasing agreements for payments exceeding \$50,000; eligibility criteria and documents demonstrating that recipient was eligible for payments made to businesses, etc.
10. **Description of Expense(s):** Enter a narrative description of the type of expenses included for the category. If additional space is need a separate letter can be submitted. If a separate letter is submitted, please make reference to the separate letter on this item (e.g., See attached Letter).

Section 3: Assurances

11. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred due to the public health emergency with respect to COVID-19.
12. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were not accounted for in the budget most recently approved as of March 27, 2020 by your university.
13. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred (paid) during the period that begins March 1, 2020 and ends on August 31, 2020.
14. Indicate by checking either the **Yes** or **No** box whether any part of the expenditures reported in Section 2 has been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature).

Section 4: Certification

15. **Name:** Enter the name of the authorized representative signing this form.
16. **Title:** Enter the title of the authorized representative signing the form.
17. **Signature:** Original signature of the authorized representative is required.
18. **Date:** Enter or print the date the form was signed.

Section 5: For County Use Only

19. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
20. **Name:** Print the name of the reviewer.
21. **Date:** Print the date the review was completed.