



# HIDALGO COUNTY AUDITOR'S OFFICE

## Coronavirus Relief Fund

### Reimbursement Request Form

All parts of this form must be completed. *Incomplete forms will be returned.* The information must be legible.  
Please refer to the instructions page for proper completion of this form.

CITY CONTACT INFORMATION			
<b>SECTION 1</b>	1. Name:	2. Contact Name:	3. Contact Title:
	4. Mailing Address: (Street, city, state and ZIP code)	5. Contact Phone: _____ ext. _____	

CORONAVIRUS RELIEF FUND EXPENDITURE INFORMATION				
<b>SECTION 2</b>	6. Report Period:	Begin Date	End Date	7. Payment Request No.:
	8. Expense Category (check one)	9. Amount Paid:	10. Description of Expense(s):	
	<b>Category 1</b> Medical expenses			
	<b>Category 2</b> Public health expenses			
	<b>Category 3</b> Payroll expenses for employees whose services are substantially dedicated to mitigating or responding to the COVID-19 emergency			
	<b>Category 4</b> Expenses to facilitate compliance with COVID-19 related public health measures			
	<b>Category 5</b> Expenses for economic support in connection with the COVID-19 public health emergency			
	<b>Category 6</b> Other COVID-19-related expenses reasonably necessary to the function of government			
<b>TOTAL</b>				



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ASSURANCES	
<b>SECTION 3</b>	11. Were the expenditures reported above necessary expenditures incurred due to the public health emergency with respect to COVID-19? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	12. Were the expenditures reported above not accounted for in the budget most recently approved as of March 27, 2020 for your University? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	13. Were the expenditures reported above incurred (paid) during the period that begins on March 1, 2020 and ends on August 31, 2020? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	14. Has any part of the expenditures reported above been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature)? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

CERTIFICATION	
<b>SECTION 4</b>	The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Relief Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.
	15. Name: <input style="width: 50%;" type="text"/>
	16. Title: <input style="width: 50%;" type="text"/>
	17. Signature: <input style="width: 50%;" type="text"/>
	18. Date: <input style="width: 50%;" type="text"/>

	SUBMISSION INFORMATION	FOR COUNTY USE ONLY
<b>SECTION 5</b>	Submit completed form and supporting documentation via: email: <a href="mailto:COVID-19@auditor.co.hidalgo.tx.us">COVID-19@auditor.co.hidalgo.tx.us</a> mail: Hidalgo County Auditor's Office Hidalgo County Administration Building 2808 South Business Highway 281 Edinburg, Texas 78539-6243	19. Reviewed by: <input style="width: 90%;" type="text"/> <div style="text-align: center;">(Signature)</div>
		20. Name: <input style="width: 90%;" type="text"/>
		21. Date: <input style="width: 90%;" type="text"/>