



HIDALGO COUNTY AUDITOR'S OFFICE

American Rescue Plan Act (ARPA)

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.

ENTITY CONTACT INFORMATION			
SECTION 1	1. Entity Name:	2. Contact Name:	3. Contact Title:
	4. Mailing Address: (Street, city, state and ZIP code)	5. Contact Phone: _____ ext. _____	

ARPA EXPENDITURE INFORMATION							
SECTION 2	6. Report Period:	Begin Date	End Date	7. Payment Request No.: _____ - _____			
	To Be Completed By Entity				Budget Office Use Only		
	8. Invoice No.	9. Check Date	10. Check No.	11. Check Amt.	13. Project Name	14. Approved Amt.	15. Expense Category
	12. TOTAL				16. TOTAL		

DOCUMENTATION CHECK LIST						
SECTION 3	Purchasing Policy <i>(should only be provided once)</i>		Quotes		Copies of cancelled checks	
	Sam.gov verification for each vendor		Bids		Invoices	
	Purchase Order for each invoice		Contracts			

ASSURANCES			
SECTION 4	17. Were the expenditures reported above necessary expenditures incurred due to the public health emergency with respect to COVID-19?	Yes	No
	18. Were the expenditures reported above incurred (paid) on or after March 3, 2021?	Yes	No
	19. 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)?	Yes	No



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SECTION 5		CERTIFICATION	
SECTION 5		The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Local Fiscal Recovery Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act ("ARPA"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.	
	20. Name:		21. Title:
	22. Signature:		23. Date:

SECTION 6		SUBMISSION INFORMATION	FOR COUNTY USE ONLY	
SECTION 6		Submit completed form and supporting documentation via: email: ARPA@auditor.co.hidalgo.tx.us mail: Hidalgo County Auditor's Office Hidalgo County Administration Building 2808 South Business Highway 281 Edinburg, Texas 78539-6243	Budget Office	Auditor's Office
			24. Reviewed by: (signature)	27. Reviewed by: (signature)
			25. Name:	28. Name:
			26. Date:	29. Date: