



# HIDALGO COUNTY AUDITOR'S OFFICE

## American Rescue Plan Act (ARPA)

### Reimbursement/Payment 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.

SECTION 1	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. _____	

SECTION 2	TYPE OF REQUEST	
SECTION 2	6. Payment Type:	
	If this is a one time payment request, check box and enter request amount then proceed to Section 5. <input type="checkbox"/>	\$ _____
	If this is a periodic reimbursement request, check box then proceed to Section 3. <input type="checkbox"/>	

ARPA EXPENDITURE INFORMATION							
SECTION 3	7. Report Period:	Begin Date	End Date	8. Payment Request No.: _____			
	To Be Completed By Entity				Budget Office Use Only		
	9. Invoice No.	10. Check Date	11. Check No.	12. Check Amt.	14. Project Name	15. Approved Amt.	16. Expense Category
<b>13. TOTAL</b>			\$-	<b>17. TOTAL</b>		\$-	

SECTION 4	DOCUMENTATION CHECK LIST			
SECTION 4	Purchasing Policy (should only be provided once)		Quotes	Copies of cancelled checks
	Sam.gov verification for each vendor		Bids	Invoices
	Purchase Order for each invoice		Contracts	Detail Check History Report

SECTION 5				ASSURANCES			
SECTION 5	18. This request is for necessary expenditures incurred due to the public health emergency with respect to COVID-19?	Yes		No			
	19. Were the expenditures reported above incurred (paid) on or after March 3, 2021?	Yes		No			
	20. Has the request/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			

SECTION 6		CERTIFICATION	
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.			
21. Name:		22. Title:	
23. Signature:		24. Date:	

SECTION 7	SUBMISSION INFORMATION	FOR COUNTY USE ONLY	
		Budget Office	Auditor's Office
SECTION 7	Submit completed form and supporting documentation via:	25. Reviewed by: (signature)	28. Reviewed by: (signature)
	email: <a href="mailto:ARPA@auditor.co.hidalgo.tx.us">ARPA@auditor.co.hidalgo.tx.us</a>		
	mail: Hidalgo County Auditor's Office	26. Name:	29. Name:
	Hidalgo County Administration Building		
	2808 South Business Highway 281	27. Date:	30. Date:
	Edinburg, Texas 78539-6243		

