|  |  |
| --- | --- |
| Facility/site name: |  |
| Provider number: |  |
| Name of point of contact: |  |
| Point of contact email address: |  |
| Phone number: |  |

| **Vendor Name*Where did you make your purchase?*** | **Items Included*What item was purchased with grant funds?*** | **Categories\******What Spend Plan Category corresponds to the item?*** | **Cost*****Cost of item, plus tax, and shipping*** |
| --- | --- | --- | --- |
| ***Examples:*****Target**\*\*\*\*\*\*\*\*\*\*\*\***ADP** | * Clorox Wipes
* Latex Gloves
* Electric Bill\*\*\*\*\*\*\*\*\*\*\*\*Wages/Benefits
 | * Cleaning Supplies
* PPE
* Utilities
* \*\*\*\*\*\*\*\*\*\*\*\*Payroll
 | $20.00$4.55$100.00\*\*\*\*\*\*\*\*\*\*\*\*$3,000 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor Receipt** | **Items Included** | **Categories\*** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Total Spent: $**

**\*Grant Categories**: Utilities; Food; Cleaning Supplies Related to COVID-19; Space Costs; Technology/Internet