

## ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION Reimbursement Request for Eligible COVID-19 ARPA Expenses

Bus Area					Ca	abinet Name / Division Name				Date
Date of		AASIS	Warrant		Number of				WBS Element /	
Purchase	Invoice #	Invoice#	Number	Vendor Name	Items/Cases	Product Description	GL Code	Cost Center	Internal Order	Amount
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									TOTAL	\$ -

## Certification of Other Funding:

By signing this form, the state agency certifies that no other funding sources are available for the reimbursement of these expenses.

Signature of Secretary

Date

Signature of Division Director

Date

Form No.

ARPA-St Agency-001R