ENTER YOUR BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Expense Documentation Template

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## READ THIS FIRST

Copy and paste CLEAR images of documents into the section of this document relating to each type of expense.

For expenses for PPE, exposure controls, and sanitation supplies, or expenses for pivoting to online sales please add a brief explanation for what they were for.

If multiple documents or pages are required to prove that an expense was eligible, please past them **one-after-another**, and non-overlapping.

BEFORE SUBMITTING GO THROUGH THIS CHECKLIST FOR EACH EXPENSE:

\_\_\_ Is the type of expense clear from the documentation you included? If not, add supporting documentation.

\_\_\_ Is the date shown for each expense?

\_\_\_ Is the date after 2/29/2020?

\_\_\_ Is proof of payment shown on receipt or invoice? If not, provide proof of payment separately (e.g. cancelled check, credit card statement, etc.). *Although you may apply without including proof of payment, no funds will be disbursed until proof of payment is received, and proof of payment must be received promptly so that funds can be disbursed before the program end date.*

\_\_\_ Is all non-essential confidential information redacted? *DO NOT include social security numbers, bank account or credit card numbers, patient information, minor’s information, or other confidential information.*

\_\_\_ Does the total match the total you will enter in the application form?

## Rent or Mortgage Expenses

These must be in the BUSINESS name.

March:

April:

May:

June:

July:

August:

September:

Other documents (e.g. lease, signed letter from the landlord):

## Utility Expenses

These must be in the BUSINESS name.

March:

April:

May:

June:

July:

August:

September:

Other documents if needed

## Pivoting to Online Sales

Expense 1:

Explanation of expense 1:

Expense 2:

Explanation of expense 2:

Expense 3:

Explanation of expense 3:

(add additional as needed)

Other documents if needed

## PPE, Exposure Controls, or Sanitation Supplies

Expense 1:

Explanation of expense 1:

Expense 2:

Explanation of expense 2:

Expense 3:

Explanation of expense 3:

(add additional as needed)

Other documents if needed

## COVID19 Testing

DO NOT SUBMIT ANY PROTECTED HEALTH INFORMATION.

Expense 1

Expense 2

Expense 3

Expense 4

Expense 5

(add additional as needed)

Other documents if needed