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

# Expense Documentation Template

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## READ THIS FIRST

Copy and paste CLEAR images of documents (such as receipts, invoices, bills, and cancelled checks) into the section of this template showing the following for each expense.

* What you paid for,
* Who you paid,
* That the expense was paid,
* How much you paid,
* That the expense was for your business,
* That the expense was paid for by your business,
* That the expense was incurred during the eligible date range (3/1/20-8/31/20)

This is not about whether the EDC staff, the review committee, or the County staff believes you had eligible expenses; it is about having documents sufficient to prove that they were eligible and paid.

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.

### DISALLOWED TYPES OF DOCUMENTS:

The following do **NOT** document payment or expense eligibility:

* Blurry, hard to read images. Do not take photos of your screen with a camera; If you must submit screen shots please use built-in apps such as Windows Snip and Sketch app, or others (for Android, Linux, Mac, iOS). Screen shots should only be a last resort as proof of purchase or payment.
* Lists or notes written by you or your employees. This includes Quickbooks tables and summaries, profit and loss statements, aging summaries, and similar internal documents.
* Images that clip off needed information.

EXAMPLES OF WHAT TO DO

* If you include a utility bill, include the full page so that we can see:
	+ the utility company name,
	+ the service address,
	+ the account holder name,
	+ the dates,
	+ the amount billed and previous payment
	+ carryovers from the previous period (if any).
* If you include a bank statement to show proof of payment make sure the image shows:
	+ The name associated with the account (e.g. “My Restaurant LLC”) OR include the last four digits of the account number PLUS a separate document showing that number is for your business account.
	+ What payment was made, to whom, for how much, and when it was made. If the names and/or amounts don’t match your other docs (e.g. one payment for two bills); include a clear explanation. Circle the relevant payments.
	+ Please redact confidential information.
* Order summaries.
	+ Make sure it shows what was purchased.
	+ Make sure it shows when it was purchased.
	+ Make sure it shows who it was purchased from.
	+ Make sure it shows that it was your business that purchased it and/or it went to your business (e.g. your business address).
	+ Include separate documentation showing it was paid.
* Rent
	+ Include proof of payment (e.g. cancelled checks)
	+ Include proof that it was for rent. This may include relevant page(s) from your lease, invoices, or a signed letter from your landlord. It must show:
		- who is renting the space (your business),
		- who the landlord is,
		- the address of the rental unit,
		- and the rent amount.
		- If you are submitting business mortgage instead of rent, you must clearly show the amount of monthly mortgage interest paid. Principal is not an allowable expense.

### 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 on documentation for each expense?

\_\_\_ Is the billing date between 3/1/2020 and 8/31/2020 (not the date you paid, e.g. an invoice dated 2/20/20 but paid on 3/2/20 is not eligible)?

\_\_\_ Is proof of payment shown on receipt or invoice? If not, provide proof of payment separately (e.g. cancelled check front and back, 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:

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:

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