|  |  |
| --- | --- |
| 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?*** | **Date  *When did you purchase the items?*** | **Categories\***  ***What Spend Plan Category corresponds to the item?*** | **Cost**  ***Total amount of grant spending on this receipt*** |
| --- | --- | --- | --- |
| ***Examples:***  **Target**  \*\*\*\*\*\*\*\*\*\*\*\* **Automatic Data Processing (ADP)** | **4/16/21 \*\*\*\*\*\*\*\*\*\*\*\***  **3/14/22** | **Food and Nutrition**  **\*\*\*\*\*\*\*\*\*\*\*\* Payroll** | **$300**  **\*\*\*\*\*\*\*\*\*\*\*\* $3,000** |
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| **Vendor Name** | **Date** | **Categories\*** | **Cost** |
| --- | --- | --- | --- |
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**Total Spent: $**

**\*Spending Categories**:

- Payroll

- Copayment or tuition waivers

- Rent or mortgage costs

- Cleaning or sanitizing supplies and services

- Business operating costs

- Mental health supports

- Internet access

- Food

- Health and nutrition

- Vaccination Access

- Personal Protective Equipment

- Training related to health/safety practices

- Equipment & supplies for COVID-19

- Outreach to families who may have stopped attending due to cost

- Increased labor standards