|  |  |
| --- | --- |
| 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