

Coronavirus State and Local Government Fiscal Recovery Funds (ARPA)

Clark County Fiscal Recovery Office

Monthly Request for Reimbursement (RFR)

Subgrantee: Vendor Number: EIN Number: Address: Project Title: Subaward Period: DEC. 21, 2021- DEC. 31, 2023 Total Award: \$ -	SAM.GOV # AGENDA# 21-1830 Fund# 2981.600 PO#: Report No.: 1 Monthly Report Period From: To:
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This form contains formulas and automatically populates from previous months.

RFR must be accompanied by expenditure report and back-up documentation.

Only enter Current Expenditures	BUDGET DETAILS					
	A	B	C	D	E	F
Approved Budget Category	Award Amount	Previously Reported	Current Expenses	Reported to Date	Balance Remaining	Percent Expended to Date
Personnel	\$ -	\$ -		\$ -	\$ -	-
Professional Services	\$ -	\$ -		\$ -	\$ -	-
Supplies	\$ -	\$ -		\$ -	\$ -	-
Local Travel	\$ -	\$ -		\$ -	\$ -	-
Direct Goods and Services	\$ -	\$ -		\$ -	\$ -	-
Capital (property and equipment)	\$ -	\$ -		\$ -	\$ -	-
Liability Insurance/Fidelity Bond	\$ -	\$ -		\$ -	\$ -	-
Other	\$ -	\$ -		\$ -	\$ -	-
Indirect Cost	\$ -	\$ -		\$ -	\$ -	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	-

¹ Capital (property and equipment) purchases in excess of \$1,000,000 require justification. See Capital Request (CR) form.

Household Assistance (EC 2.1-2.8):

Number of households served	
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NOTES* NO ADVANCE FOR THIS AWARD

I, an authorized signatory for the agency, certify to the best of my knowledge and belief that this report is true, complete and accurate, that the expenditures, disbursements and receipts are for the purposes and objectives set forth under the terms of the approved project and budget. I acknowledge that all costs included in this reimbursement request are allowable, allocable, necessary and reasonable and any questioned costs remain my agency's fiscal responsibility. Request for Reimbursement cannot be processed without an expenditure report/backup. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the backup documentation attached are correct.

Signature of Authorizing Official	Date	Authorizing Official's Name Printed	Authorizing Official's Title Printed
Preparer's Name	Preparer's Phone	Preparer's E-Mail	