TYLER CARES GRANT REIMBURSEMENT REQUEST FORM

BUSINESS NAME:		**ADDRESS:**	
OWNER NAME:			
EMAIL:		**PHONE:**	
TOTAL REIMBURSEMENT REQUEST:		**$**	

A RECEIPT MUST BE ATTACHED FOR EACH CARES REIMBURSEMENT EXPENSE REQUEST.

***CATEGORY OPTIONS:** PAYROLL, RENT, UTILITIES, EQUIPMENT COSTS, INVENTORY, CRITICAL OPERATING EXPENSES, REOPENING EXPENSES, TRAINING, OTHER (SPECIFY).

DATE	PAID TO	*CATEGORY	COST