

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION Reimbursement Request for Eligible COVID-19 ARPA Expenses

Bus Area Date of Purchase In	Invoice #	AASIS								ARPA-St Ager	cy-001R
Date of	Invoice #	ΔΔςΙς									
Date of	Invoice #	ΔΔSIS	•								
	Invoice #	ΔΔSIS		Cabinet Name / Division Name							
Purchase In	Invoice #	77313	Warrant		Number of				WBS Element /		
		Invoice#	Number	Vendor Name	Items/Cases	Product Description	GL Code	Cost Center	Internal Order	Amo	unt
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Certification of C	. O	//							TOTAL	\$	-

Signature of Secretary	Date	Signature of Division Director	Date