

2020 -2021 HPNAP Operation Support and Equipment Documentation Submission Form

Agency Number: _____ Submission Date _____

Instructions: Please complete this form to document expenditures of the 2020-2021 HPNAP Operation Support and Equipment Awards. Incomplete submissions will be declined. Failure to submit on time may impact award availability.

Date of Purchase or Occurrence	Claim Amount	Type	Vendor Name	Receipt or Invoice Included Y/N	Proof of Payment Included Y/N
<i>(example)</i> 9/15/20	200.00	Utilities	National Grid	y	y
Total Submission					

By signing below, you agree that the documents submitted are correct to the best of your knowledge.

X

Program Coordinator

<p>FOR OFFICE USE ONLY</p> <p>Amount Submitted \$ _____</p> <p>Amount Verified: \$ _____</p> <p>OSE Balance: _____</p>
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