

2021 -2022 HPNAP Operation Support Equipment Documentation Submission Form

Agency Number: _____ Submission Date _____

Instructions: Please complete this form to document expenditures of the 2021-2022 HPNAP Equipment Awards. Incomplete submissions will be declined. Failure to submit on time may impact future award availability.

Date of Purchase	Purchase Amount	Vendor Name	Receipt or Invoice (REQUIRED)	Proof of Payment Included (REQUIRED)
<i>(example) 9/15/20</i>	<i>\$1,200.00</i>	<i>(example) Tim's Restaurant Supply Inc.</i>	<i>Invoice Included</i>	<i>Check 23432</i>
Total Submission				

Item Purchased	Make	Model	Serial Number	Item Amount
<i>(example) Refrigerator</i>	<i>(example) GE</i>	<i>(example) GE3458F</i>	<i>(example) GE7H76489392T</i>	<i>(example) \$1,200.00</i>

Please submit only completed documentation. Please use additional forms if necessary to document your expenses.

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

X

Program Coordinator

FOR OFFICE USE ONLY

Amount Submitted \$ _____

Amount Verified: \$ _____

OSE Balance: _____

Additional Disbursement Required

Balance Reimbursement Required

Completed