

NCDA&CS Farm Worker Quarantine Program Expense Reimbursement Form

Business Name
Mailing Address
City, State Zip
Phone

Business W-9#/Federal ID#: _____

NCDA&CS Farm Worker Quarantine Program Application #: _____

Provided on the online submission confirmation page.

Purchase Date	Vendor Name/City	Description	Total
<i>Example: 3/30/2020</i>	Hotel or Restaurant or Store City, NC	Describe what expenses are for	List total from receipt
		TOTAL SUBMITTED FOR REIMBURSEMENT	\$XXXXX.XX

*****Please ensure that all original receipts for items listed above are attached to this form.*****

Eligible expenses include lodging and meals for quarantined farm workers per program guidelines.

Please attach additional copies of this page as needed and retain a copy of all documents for your records.

I certify that the expense(s) listed above are accurately recorded and represent only expenditures made in accordance to the NCDA&CS Farm Worker Quarantine Program.

Signature: _____

Date Submitted: _____

Please complete and mail to:

NCDA&CS Farm Worker Quarantine Program

Attn: NAME

Address

City, State, Zip

Internal Use – A/P Invoice Number: _____
