

## City of Jackson Special Economic Development Grant Program Small Business Resiliency & Safe Practices Reimbursement Request Form

BUSINESS NAME:							
CONTACT NAME:					DATE:		
PHYSICAL ADDRESS:			GRANT NO:	IDIS NO:	PHONE:		
					EMAIL:		
DATE:	VENDOR	VENDOR INVOICE # ITEM DESCRIPTION		DATE RECEIVED	DATE PAID	AMOUNT	
I attest that the expenditures submitted for reimbursement under the City of Jackson CARES ACT Small Business Grant program have been incurred with the above goods and/or services on the dates listed above. These expenditures have not been previously covered by another Federally funded COVID recovery program (such as EIDL or PPP) and comply with the Grant Agreement, Application, and Guidelines of the City of Jackson CARES ACT Small Business Grant Program.					SUB-TOTAL \$		
SIGNATURE					DATE		
PRINTED NAME					TITLE		

To process your payment, please review the City's Vendor Registration Information located at jacksonms.gov Be sure to attach to your Reimbursement request a completed Vendor Payment Form and a completed W-9.

Submit Reimbursement requests to:
Office of Economic Development, Phone: (601) 960-1993
200 S President St, Ste. 223, Jackson, MS 39205
or Email: thoover@jacksonms.gov