



City of Jackson
Special Economic Development Grant Program
Reimbursement Request Form

BUSINESS NAME:						
CONTACT NAME:				DATE:		
PHYSICAL ADDRESS:			GRANT NO:	IDIS NO:	PHONE:	
					EMAIL:	
DATE:	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 Submit Reimbursement requests via the online portal at the time of the application.						