

THE STATE OF TEXAS

AFFIDAVIT

THE COUNTY OF COLLIN



Date _____

Fund Dept. CARES Fund – GTCOVID19D-2127-040010057-626550

Payable To _____

Address _____

EXPLANATION

Reimbursement for food provided to Collin County residents due to the impact of COVID-19 for the period of _____ to _____, 2020. Supporting documentation attached.

\$

I, _____ do hereby certify that the amount requested above is directly related to COVID-19 expenses and the expenses have not been included in any other jurisdiction or agency funding request. The supporting documentation is attached and has been reviewed for accuracy and allowability. I understand that in the event of an audit if the expenses are deemed unallowable, I am responsible to reimburse the County for the unallowable amount within 30 days.

Signature _____

Printed Name/Title _____

Telephone Number _____

Date _____