

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION Reimbursement Request for Eligible COVID-19 ARPA Expenses

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Area			-	Cabinet Name / Division Name				_			Date	
ate of		AASIS	Warrant		Number of				WBS Element /			
ırchase	Invoice #	Invoice#	Number	Vendor Name	Items/Cases	Product Description	GL Code	Cost Center	Internal Order	Ar	mount	
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Signature of Secretary	Date	Signature of Division Director	Date