



Arizona Coalition for Healthcare Emergency Response
Request for Reimbursement of Coalition Funds

- 1) Only those expenses requested in the Request for Funds application and approved by the Regional Steering Committee can be reimbursed.
- 2) All expenses must be incurred by June 30, 2021. The deadline to submit for reimbursement is July 15, 2021.
- 3) **Submit this form with copies of all receipts (not invoices or purchase orders) to azcheradmin@azhha.org.**
- 4) Checks will be mailed from AzCHER's fiduciary agent, Arizona Hospital and Healthcare Association.
- 5) Incomplete forms or failure to submit receipts will delay, and in some cases preclude, the reimbursement.

Date		
Name of Program or Request		
Name of Organization		
Name of Facility (if different)		
Check to be sent to whose or what department's ATTN?		
Address where Check should be Mailed		
Amount to be Reimbursed	\$ -	
<i>Please itemize receipts.</i>	Payee (Who was paid, such as Grainger or McKesson)	Purpose (Why was this purchase made? For example, "EOC laptop")
	Amount	