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| **COVID-19 Community Expenses Reimbursement Proposal Submission** |
|  | **Name of Community** |   |  |
|  | **Date of Submission** |   |  |
|  | **Name of Authorized Requestor** |   |  |
|  | **Approval Signature** |   |  |

| CATEGORY | ITEM NAME | DETAILS  | HOW EXPENSE WAS IMPORTANT FOR COVID-19 RESPONSE | DATE OF PURCHASE | COST PER UNIT | NUMBER OF UNITS | TOTAL COST |
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| TOTAL |  |  |  |  |  |  | **$0.00** |