CITY OF TENINO COVID-19 RECOVERY GRANT REIMBURSEMENT REQUEST

Merchant Name: _____

Address: _____

As a duly authorized participant in the City of Tenino COVID-19 Recovery Grant Program, I hereby request reimbursement for the redemption of the scrip indentified below that was used to purchase services or goods (except alcoholic beverages, tobacco products, or canabis products) from the period _____ to _____, 2020.

Serial Number	Certificate Number	Serial Number	Certificate Number

By: _____

For: _____