

BUSINESS NAME: _____

PPP LOAN REIMBURSEMENT REQUEST FORM

ELIGIBLE EXPENDITURES

PAYROLL COST

GROSS PAYROLL	\$	-
LESS: WAGES OVER \$100,000	\$	-
LESS: FFCRA WAGES (SICK PAY)	\$	-
TOTAL ADJUSTED GROSS PAYROLL	\$	-
STATE UNEMPLOYMENT PREMIUMS PAID	\$	-
WORKERS COMP PREMIUMS PAID	\$	-
TOTAL PENSION / RETIREMENT PAYMENTS	\$	-
LESS: AMOUNT EMPLOYEE PAID	\$	-
EMPLOYER PAID PENSION / RETIREMENT PAYMENTS	\$	-
HEALTH INSURANCE PREMIUMS PAID	\$	-
LESS AMOUNT EMPLOYEE PAID	\$	-
NET EMPLOYER PAID HEALTH INSURANCE PREMIUMS	\$	-
SELF EMPLOYMENT DRAW (maximum 8/52 of 2019 SE income)	\$	-
TOTAL PAYROLL COSTS	\$	-

OTHER ELIGIBLE COSTS

RENT	\$	-
MORTGAGE INTEREST	\$	-
UTILITIES:		
ELECTRIC	\$	-
GAS	\$	-
TELEPHONE	\$	-
CABLE	\$	-
INTERNET	\$	-
CELL PHONE	\$	-
TRANSPORTATION COSTS:		
VEHICLE INTEREST	\$	-
FUEL	\$	-
TOTAL OTHER ELIGIBLE COSTS	\$	-
GRAND TOTAL ELIGIBLE COSTS	\$	-

COMPANY OFFICER/OWNER SIGNATURE: _____ **DATE:** _____

***DOCUMENTATION IS ATTACHED FOR ELIGIBLE EXPENDITURES**