**C.A.I.P. Reimbursement Purchase Form**

***This form is REQUIRED IF you make any purchases from an individual and it MUST be filled out entirely.***

*This means the seller must provide their name, address, contact number, list what was purchased, the method of*

*payment, sign and date this form; failure to provide this info will result in your purchase not being eligible for cost-share.*

***This form is NOT required when you purchase from a store that gives you a receipt with all the required information.***

R E C E I P T

***CONTACT INFORMATION MUST BE PROVIDED FOR BOTH SELLER AND BUYER***

 **Seller: Buyer:**

Name:

 *Please Print*

Address:

Ph Num:

Cell Num:

Name:

 *Please Print*

Address:

Ph Num:

Cell Num:

**Amount**

**Quantity**

**Description**

 **Total Amount Received $**

**Method of Payment:**  Check (ck# , provide a copy of canceled check with reimbursement request) Money Order

 **NO CASH PURCHASES WILL BE REIMBURSED**

**Seller’s Signature:** **Date of Purchase:**