



Outlay Report and Request for Reimbursement  
 for Projects Relating to Tourism Grants  
 Page Two

<u>Description of Costs</u>	<u>Expenditures</u>
State Reimbursement Previously Requested _____	Previously Accounted _____
Current Amount Requested for Reimbursement _____	Newly Accounted _____
State Share To Date _____	Total to Date _____

AS GRANTEE I certify that to the best of my knowledge and belief the billed costs of disbursements are in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and all promotions were in accordance with the terms of the grant.

8. Authorized Signatures:

GRANTEE:

TOURISM COMMISSION:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Grants Manager                      Date

\_\_\_\_\_  
Typed Name & Title

\_\_\_\_\_  
Business Manager                      Date

Date:    \_\_\_ / \_\_\_ / \_\_\_

**PLEASE SUBMIT TWO (2) COPIES OF THIS FORM. EACH MUST HAVE AN ORIGINAL SIGNATURE.**

**MAIL TO:    NEVADA COMMISSION ON TOURISM  
 ATTENTION: KARI FRILOT  
 401 N. CARSON STREET  
 CARSON CITY, NEVADA 89701**