

OUTLAY REPORT and REQUEST FOR REIMBURSEMENT FOR TOURISM GRANTS

1. Grant ID _____ 2. Type of Request Final Partial 3. Payment Request # _____
 4. Evaluation Form Submitted Online yes (required for final payment request) 5. Period covered (month/day/year) From ____/____/____ To ____/____/____

6. _____
 Name of Grantee Organization

 Mailing Address

 City State Zip

7. **TAX I.D. NUMBER (required for reimbursements)** _____

<u>Description of Costs</u>	<u>Grant Payment Requested</u>	<u>Total Expenditures to Date (include both grant funds and local matching funds)</u>
a. Personnel; Administrative (cannot come from grant)	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	_____
b. Travel Trade Shows	_____	_____
c. Internet	_____	_____
d. Advertising	_____	_____
e. Promotional Literature	_____	_____
f. Fam Tours	_____	_____
g. Operating Expense	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	_____
h. Audio-Visual Productions	_____	_____
i. Other (please list)	_____	_____
	_____	_____
	_____	_____
TOTAL COSTS:	_____	_____

Do not request grant payments for unauthorized expenditure categories.

Outlay Report and Request for Reimbursement for Tourism Grants

Expenditure Summary

8) State Reimbursement Previously Requested _____	9) Total Expenditures Previously Accounted for _____
10) Current Amount Requested for Reimbursement _____	11) Total Expenditures Newly Accounted for _____
12) Total State Reimbursement To Date (8 + 10) _____	13) Total Expenditures To Date (9 + 11) _____

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.

6. 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. AND MAIL TO:

**NEVADA DIVISION OF TOURISM
ATTN: SHARI BOMBARD
401 N. CARSON STREET
CARSON CITY, NEVADA 89701**