



HCCVB TAP Grant Reimbursement Form

Date:		Name of Project/Event:	
Name of Applicant Organization/Business:			
Mailing Address:			
Name of Contact:			
Phone:		Email:	
Description of Expenditure(s)		Type of Grant: <input type="checkbox"/> Event <input type="checkbox"/> Lodging Rack Card <input type="checkbox"/> Industry Rack Card	
A. Expenditure: \$		B. Description: (i.e.TV (or Radio) Ad airing on 1/1/16 – 1/31/16 (30 sec spot), Print/Digital Ad appearing on 10/20/16, Rack Card printed 2/1/16):	
Vendor Invoice #:		Vendor Name:	
Check #:		Bank Name:	
(If Paid by Credit Card) Last 4 digits of Credit Card:		Date Paid:	
C. Expenditure: \$		D. Description: (i.e.TV (or Radio) Ad airing on 1/1/16 – 1/31/16 (30 sec spot), Print/Digital Ad appearing on 10/20/16, Rack Card printed 2/1/16):	
Complete additional reimbursement form if more than two vendors			
Vendor Invoice #:		Vendor Name:	
Check #:		Bank Name:	
(If Paid by Credit Card) Last 4 digits of Credit Card:		Date Paid:	
Name on Card:			
Required Attachments:			
<input type="checkbox"/> PAID Vendor Invoice(s) <input type="checkbox"/> Front & back of cancelled check(s) or credit card receipt(s) <input type="checkbox"/> Copy of brochure, rack card, ad, broadcast <input type="checkbox"/> Signed & notarized indemnity form (for Event grant only) <input type="checkbox"/> Proof of distribution (i.e. USPS, FedEx or UPS receipt) (for Rack Card grants only) <input type="checkbox"/> Where rack cards/brochures distributed (at least 50 miles from Hardy County): _____ <input type="checkbox"/> 20% (up to 750) of rack cards/brochures for HCCVB distribution Quantity: _____			
Please describe the proof of publication/broadcast/digital submitted with this form: (i.e. recording of broadcast, publication tearsheet (must show printed name/date of publication or include front cover), copy of printed materials (flyers, brochure, rack card), screenshot of digital ad):			
Reimbursement Requested: \$		Your signature below certifies that the information provided is correct and all required documentation is included with this reimbursement request. Reimbursement will be processed within 30 days of receipt of all documentation	
Printed Name:		Signature:	

Postmarked

Rec'd By: