



VISIT HARDY TAP GRANT REIMBURSEMENT FORM

Date:		Name of Project/Event:	
Name of Applicant Organization/Business:			
Mailing Address:			
Name of Contact:			
Phone:		Email:	
Grant Type:	Print Literature Grant	Event Advertising Grant	
Vendor Name #1:			
Invoice #		Date Paid:	
Copy of front & back of check attached	Yes	No	
Copy of credit card receipt attached	Yes	No	
Vendor Name #2:			
Invoice #:		Date Paid:	
Copy of front & back of check attached	Yes	No	
Copy of credit card receipt attached	Yes	No	
Add additional sheet if more than two vendor invoices			
Estimated Number in Attendance at Event (if applicable):			
Required Attachments: <ul style="list-style-type: none"> <input type="checkbox"/> PAID Vendor Invoice(s) <input type="checkbox"/> Front & back of cancelled check(s); and/or credit card receipt(s) <input type="checkbox"/> Printed copy of travel literature, flyer, poster, etc. <input type="checkbox"/> Tear sheet of printed ad or screenshot of digital ad (+cover of publication if name doesn't appear on ad page) <i>(for Event grant only)</i> <input type="checkbox"/> Travel literature delivered to HCCVB for distribution Quantity: _____ <input type="checkbox"/> Where were rack cards/brochures distributed? (at least 50 miles from Hardy County) <input type="checkbox"/> Proof of distribution (i.e., USPS receipt) 			
Reimbursement amount 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:	
HCCVB Use:	Time/Date Rec'd:	Date sent to bookkeeper:	Initials:

Email form and required attachments to info@visithardy.com.
 If you have any questions, call 304.897.8700