



Lodging Tax Reimbursement Form

Activity Information

Organization

Activity Name

Activity Type (Event/Festival, Marketing OR Facility)

Year

Start Date

End Date

Funds Requested

Funds Awarded

Total Activity Cost

Notes

Overall Attendance

Predicted

Actual

Method

Please Explain

Attendance, 50+ Miles

Predicted

Actual

Method

Please Explain

Attendance, Out of State or Country

Predicted

Actual

Method

Please Explain

Attendance, Paid for Overnight Lodging

Predicted

Actual

Method

Please Explain

Attendance, Did Not Pay for Overnight Lodging

Predicted

Actual

Method

Please Explain

Paid Lodging Nights

Predicted

Actual

Method

Please Explain

Reimbursement

You must attach original itemized receipts for review.

Receipt Vendor

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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Amount Requested for Reimbursement

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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Total to Be Reimbursed:

Total Funding Approved by City: