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| **Park County Travel Council**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Meeting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **REQUEST FOR PAYMENT 2020**PLEASE FILL OUT AND SUBMIT VOUCHER TO THE ADDRESS LISTED BELOW FOR PAYMENT ON APPROVED GRANTS |

PROJECT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

ORGANIZATION NAME \_\_ \_\_\_\_\_\_ \_\_\_\_ CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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The project specified in our grant application submitted to the Park County Travel Council has been completed and the following pertinent data is attached:

**Required:** **\_\_\_\_\_\_**  Event Followup Report (attendance records, etc.)

 \_\_ \_\_\_ Itemized Expenditure Report (reverse side)

|  |  |
| --- | --- |
| TB | SL |
| JW | DB |
| JP | MD |
| RP | SN |
| SB | DB |

 \_\_\_\_\_\_ Copies of ALL Paid Invoices

 \_\_\_\_\_\_ Copies of ALL Cancelled Checks

Any of the following as they apply to this particular project:

 **\_\_\_\_\_\_**  Tear Sheet(s) of ads from Magazines or Newspapers

 \_\_\_\_\_\_ OR Affidavits of Publication

 \_\_\_\_\_\_ Trade/Travel Show Booth Space Contract(s) & Expenses

 \_\_\_\_\_\_ Copy of Completed Publication/Brochure/Poster

 \_\_\_\_\_\_ Script of Radio Ads

REQUEST FOR REIMBURSEMENT:

Total 2020 Approved Budget for this Project $ \_\_\_\_\_\_\_\_\_\_\_ \_\_

 Total Expenses Listed on this Voucher $ \_\_ \_\_\_\_\_\_\_\_\_\_­­ \_

 PCTC Payment this Voucher @ \_\_\_\_% $ \_\_ \_\_\_\_\_\_\_\_\_\_ \_

PCTC completes:

 Amount Remaining in / Returned to Fund $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that this voucher is correct and just and is based upon actual payment(s) of record, that reimbursement has not been received, and that work and services are in accordance with the approved project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Title Date

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APPROVAL – TO BE COMPLETED BY PARK COUNTY TRAVEL COUNCIL

Approved Grant Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursement Awarded $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expenses This Voucher $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Remaining $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEMIZED EXPENDITURE REPORT**

PROJECT NAME

ORGANIZATION NAME

PERSON COMPLETING REPORT DATE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **BUDGET ITEM** | **VENDOR/****PURPOSE OF EXPENDITURE** | **APPROVED BUDGET** | **ACTUAL EXPENSES** | **AMOUNT REIMBURSED** |
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I hereby certify that this billing is correct and just and is based upon actual payment(s) of record, that reimbursement has not been received; and that the work and services are in accordance with the approved project agreement including amendments thereto; and, that quality of work and services under the project agreement is satisfactory and is consistent with the amount billed.

 Signature Title Date

PCTC Request For Payment – Side 2