

Park County Travel Council Date Received _____ For Meeting Date _____		REQUEST FOR PAYMENT FY2023 PLEASE FILL OUT AND SUBMIT VOUCHER TO THE ADDRESS LISTED BELOW FOR PAYMENT ON APPROVED GRANTS
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PROJECT NAME _____

ORGANIZATION NAME _____ CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

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)
 - _____ Copies of ALL Paid Invoices
 - _____ Copies of ALL Cancelled Checks

MD	JP
JW	RP
RH	SN
ES	CG
MJ	QB

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 FY2022 Approved Budget for this Project		\$ _____
	Total Expenses Listed on this Voucher		\$ _____
PCTC completes:	PCTC Payment this Voucher @ ____%		\$ _____
	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

APPROVAL – TO BE COMPLETED BY PARK COUNTY TRAVEL COUNCIL

Approved Grant Amount \$ _____ Reimbursement Awarded \$ _____

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

Approved by _____ Date _____ Check # _____

