

Park County Travel Council Date Received _____ For Meeting Date _____		REQUEST FOR PAYMENT FY2027 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

QB	ES
JH	MK
MD	CMG
CG	TB
JI	BS

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 FY2027 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
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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

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