Park County Travel Council Date Received _____ For Meeting Date _____	Cody YELLOWSTONE	**REQUEST FOR PAYMENT 2019** 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 _____

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

TB	SL
JW	DB
JP	MD
RP	SN
SB	DB

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 2019 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 #_____

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