



## Lodging Tax Request for Reimbursement

Agency/Organization Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Award Amount: \_\_\_\_\_ Funding Year: \_\_\_\_\_

**Request reimbursement in the amount of:** \_\_\_\_\_

All requests for reimbursement must include the following:

- Itemized Reimbursement Request (*Appendix A*)
- Lodging Tax Expenditure Reporting Worksheet (*Appendix B*)
- Copies of Itemized Receipts/Invoices
- Proof of Payment (*copies of clear checks; bank statements; credit card statements; or other banking documents as approved by the city*)
- Samples of flyers, brochures, ads, etc. (*If requesting reimbursement for marketing expenses*)

*It is the recipient's responsibility to redact/black out any confidential information such as Social Security numbers, bank account numbers, etc. Proof of Payment must show the organization's name with the charges clearly identified. Allowable expenses identified by the scope of services and [RCW 67.28.1816](#) will only be approved if incurred during the award period*

### Certification

I hereby state on behalf of the above referenced Organization/Agency that the information provided in this request is accurate and correct. I am requesting reimbursement only for eligible Lodging Tax Expenses incurred as defined in [RCW 67.28.1816](#). I certify that these expenses have not been, nor are they expected to be reimbursed by any other agency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix A: Itemized Reimbursement Request**

#	Transaction Amount	Transaction Date	Invoice/ Receipt Number	Vendor Name	Description of Services/Goods
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
<b>Total</b>					



**Lodging Tax Expenditure Reporting Worksheet**

RCW 67.28.1816 requires that local governments annually report information about expenditures of lodging tax revenue. This form must be completed prior to the final reimbursement.

Organization:

Name of person providing information:

Activity Name:

Activity Type:   Event/Festival                      Facility                      Marketing

Activity Begin:

Activity End:

Funds requested:

Funds Awarded:

Total Activity Cost:

**Overall Attendance**

Predicted:

Actual:

Method:

Notes:

**Attendance, 50+ Miles**

Predicted:

Actual:

Method:

Notes:

**Attendance, Out of State, Out of Country**

Predicted:

Actual:

Method:

Notes:

**Attendance, Paid for Overnight Lodging**

Predicted:                      Actual:                      Method:

Notes:

**Paid Lodging Nights**

Predicted:                      Actual:                      Method:

Notes: