

Request for Payment Form

Please complete this form and submit with items below for reimbursement.



SWEETWATER COUNTY TRAVEL & TOURISM BOARD

1641 Elk Street
Rock Springs, WY 82901 Ph: 307.382.2538

Grant #: _____

Payment reimbursement is based on the approved items that were included in the original application.

Applicant Information

Organization Name: _____ Primary Contact: _____

Mailing Address: _____ Phone: _____

City/State/ZIP: _____ Email: _____

Event Information

Event Name: _____ # of Out-of-County Participants Predicted: _____

Date(s) of Event: _____ # of Out-of-County Participants Attended: _____

Reason for more or fewer out-of-county participants:

Request for Payment Information

The Sweetwater County Joint Travel & Tourism Board grant in the amount of \$ _____ has been completed.

The following items are attached: **(All items MUST be included unless otherwise noted)**

- Event Follow-Up Questionnaire / Final Report
- Itemized List of Expenditures (with the "Actual Receipts Sent In" column completed)
- Paid Invoices
- Cancelled Checks (or Certified Copies) (If credit card payments, receipts must be accompanied by statement)
- Copies of Publications, if applicable, **SHOWING LOGO**
(print materials such as ads, brochures, posters, promotional flyers, programs, stationery, registration forms)

Request for Payment:

Amount of Grant Approved: \$ _____

Amount of Expenses Submitted for Reimbursement: \$ _____

Signature: _____

Date: _____