REQUEST FOR PAYMENT FROM LODGING TAX

SEND TO:
Meghan Andrews, Receptionist/Secretary
Mason County Commissioners' Office
411 N Fifth Street
Shelton, WA 98584

Date_____

Organization_____

Organization Address _____

_____

AMOUNT REQUESTED_____

I, the undersigned do hereby certify under penalty of perjury, that my request for payment for materials furnished, services rendered, or labor performed is a just obligation of my organization, and this expenditure was for tourism promotion activities.

Per RCW 67.28.080 (6), tourism promotion means activities and expenditures designed to increase tourism, including, but not limited to:

- Advertising, publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists.
- Developing strategies to expand tourism.
- Operating tourism promotion agencies.
- Funding marketing of special events and festivals designed to attract tourists

Signed_____ Print Name_____

Phone No._____ E-mail Address_____

Please attach for reimbursement: proof of expenditure (receipt or canceled check)
Use attached form to list invoices and reimbursement information.

RETURN THIS FORM TO REQUEST REIMBURSEMENT. ATTACH COPIES OF ALL RECEIPTS TOTALING THE AMOUNT REQUESTED.

LTAC Reporting-Small Events/Festivals
Request for Payment Form

Organization Name: _____

Festival/Event Name: _____

Vendor Name	Invoice Total	Amount Requested	Notes About Invoice	
				ex: Where were the banners hanging?
				ex: Where were the fliers distributed?
Invoice Totals for Reimbursement		$		
Total Awarded Amount		$		

I hereby certify that the above information is true and correct to the best of my knowledge.
I understand that false information may disqualify me from reimbursement.

X_____ **Date** _____

Reimbursement Request Form **REQUIRED**

Activity Reporting Information

Instructions: Please complete the actual amounts when requesting reimbursement for awarded amount. The actuals need to be entered if your event/festival is granted an award and the event/festival, facility or marketing is over. ESHB 1253, enacted in the 2013 session of the WA State Legislature, establishes requirements for reporting information on the use of lodging tax revenues. Mason County is required to submit the following information about your even to the Joint Legislative Audit and Review Committee each year. RCW 67.28 was amended in 2013 to require more stringent reporting requirement. Please provide the following:

Event/Festival Facility or Marketing Name:	
Organization:	
Event/Festival Facility or Marketing Date:	Start Date: End Date:
Funds Requested:	$
Funds Awarded:	$
Total Cost of the Event/Festival, Facility or Marketing:	$
Total Amount of Lodging Tax Funds Expended:	$
Contact Name:	
Contact Phone:	
Contact E-Mail:	

Overall Attendance:

Actual

Total estimated number of attendees who will travel 50 miles or more to attend:

Actual

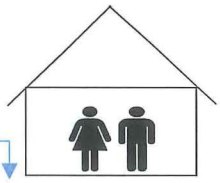
Of that total, how many traveled from out of state or country:

Actual

Attendees who stayed overnight:

How many attendees stayed in each room per paid lodging nights:

Actual **EX: 2**



This example shows **2** attendees in **1** paid lodging night.

Paid lodging nights: (how many lodging nights were paid for) example: 20 hotel rooms are anticipated to be paid for accommodating event/festival attendees.

Actual **EX: 1**

Unpaid accommodations: (stayed overnight but **did not** pay for lodging ie: Stayed with friends or family)

Actual

Methods used to determine attendance numbers

Please describe the methods used to determine attendance and how you distinguished among the visitor categories.

Please circle one of the following methods:

Informal Survey	Direct Count	Indirect Count	
Representative Survey	Structured Estimate	Informal Survey	Other

Explain Method:

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Signature: _____ Date: _____

By signing above I certify that the information provided on in this report is true and correct and that I have the authority to speak for and bind the above organization by signature.