LINCOLN COUNTY LODGER'S TAX
AWARDED FUNDS REIMBURSEMENT FORM

Mail / Email / Deliver this completed form to: Lincoln County Manager's Office
MAIL: P.O. Box 711 Carrizozo, NM 88301 **EMAIL:** Bventura@lincolncountynm.gov
DELIVERED: 300 Central Avenue Carrizozo, NM 88301

Event: _____ Date of Event: _____

Date Reimbursement Form submitted: _____

Briefly describe how County Lodger's Tax funds were used and results of Event guest tracking by attaching a separate after-action report sheet to this Reimbursement Form.

Attach all INVOICES, RECIEPTS, PROOF OF PAYMENT and SAMPLES OF DOCUMENTS with this completed form.
Indicate all that are applicable when accounting for expenditures of Lodger's Tax Funds:

Brochure: ☐	Fire Protection: ☐
Sample Radio Ad: ☐	Certified Copy of Newspaper Ad: ☐
Copy of other Media Ad: ☐	Police Protection: ☐
Sanitation Service: ☐	Photo of Sign or Billboard: ☐

STATEMENT OF UNDERSTANDING

By signing below, I attest that I have provided Lincoln County with a brief, after-action report along with **all** necessary receipts and a completed Awarded Funds Reimbursement Form within ninety (90) days of the Event which was approved, validating that funds received from the County for reimbursement were spent in accordance with Lincoln County Lodger's Tax Ordinance specifications.

_____ _____ _____
Signature Date Phone number

FOR COUNTY USE:	
Lodger's Tax Funding Application number:	
County Purchase Order Number:	
Reimbursement form/attachments received by:	Date: