

DENT COUNTY TOURISM COMMITTEE

Reimbursement Request Form

Organization: _____

Name of program: _____ Date of completion: _____

Charges to be reimbursed

..... Vendor.....Amount.....

Vendor	Amount

Total:

If more space is needed please add a page.

1. Include a copy of all supporting documents such as cancelled check (both sides) and a vendors statement showing charges as paid.
2. A copy of all ads, showing the logo "Paid for by Dent County Tourism Dollars" on them.
3. For radio ads a copy of the text they send with the statement that shows the script "Paid for by Dent County Tourism Dollars" in it. Only one copy of ad is needed even if ran multiple times.

Requests with no supporting documents will not be honored

This request must be made within ninety (90) days of completion of the project

Return this completed form to the County Clerks Office