



**HOSPITALITY TAX GRANT REPORTING  
AND REIMBURSEMENT REQUEST**

*Due 30 days after event*

<b>Office Use Only</b>	
Date received:	_____
Date of event:	_____

A. Project Name \_\_\_\_\_

B. Date(s) of Event \_\_\_\_\_ Location of Event: \_\_\_\_\_

C. Amount funded \_\_\_\_\_ Reimbursement Request \$ \_\_\_\_\_

D. Sponsor Organization \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

E. Detail how the funds from the City of Belton were spent:  
*Please attach receipts and proof of paid invoices (i.e., cancelled check) for each category and vendor used.*

<b>Statutory Category of Funding</b>	<b>Amount</b>
Printing/Publications (designing, printing, postage for items mailed to attract tourist)	
Advertising/Promotions/Marketing (design cost, air time, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
Municipal services/Security (specify)	
Infrastructure improvements (specify)	
<b>Total Requested</b>	<b>\$</b>

Certification: I certify as an authorized representative of \_\_\_\_\_  
 that the expenses being invoiced are, to the best of my knowledge, true, correct and in accordance with the  
 terms and conditions of Section 6-1-730 Use of Revenue from Local Hospitality Tax.

\_\_\_\_\_  
 (Authorized Representative Signature)