TOURISM PARTNERSHIP FUND

REIMBURSEMENT REQUEST FORM

Applicant: ____

Project Number: ____________ Federal ID # ______________ Reimbursement Request # ______

Project Name: ____

					FOR OFFICE USE ONLY			
Invoice Date	Vendor Name	Check No.	Invoice Amount	Approved Item	**Fundable Amount**	**Non-Fundable**	**Explanation**	**Code**

TOTAL:

These expenditures are true and correct. All funds indicated above have been expended in accordance with the Tourism Partnership Fund grant program and the TPF Project Agreement

______________________________________ ______________________________
Project Director Signature **Date**