REQUEST FOR REIMBURSEMENT  
TOURISM MARKETING GRANT PROGRAM FUNDS

Grant must be completed before reimbursement will be made.

PART I: REQUEST FOR REIMBURSEMENT

<table>
<thead>
<tr>
<th>GRANTEE NAME</th>
<th>AWARD DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>FEDERAL I.D. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE, Z.I.P.</th>
<th>AMOUNT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART II: STATUS OF TMGP FUNDS

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. GRANT AMOUNT AWARDED $____________
2. TOTAL AMOUNT OF PROJECT $___________
3. TOTAL AMOUNT REQUESTED $____________

PART III: BUDGET EXPENDITURES

PLEASE LIST PURCHASES FOR WHICH THESE REQUESTED FUNDS HAVE BEEN USED. COPIES OF PAID RECEIPTS MUST BE ATTACHED. THESE ITEMIZED EXPENDITURES MUST BE IN ACCORDANCE WITH THE GRANT APPLICATION.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PART IV: CERTIFICATION

I HEREBY CERTIFY THAT THE DATA REPORTED ABOVE ARE CORRECT AND THAT THE AMOUNT REQUESTED IS NOT IN EXCESS OF CURRENT NEEDS.

DATE __________ SIGNATURE ________________________________ TITLE ________________________________

PART V: APPROVAL (FOR KDWPT USE ONLY)

KDWPT REPRESENTATIVE ________________________________ DATE __________
Instructions - Request for Reimbursement

PART I - REQUEST FOR PAYMENT

- **GRANTEE NAME, ADDRESS AND PHONE NUMBER**

- **AWARD DATE**
  As it appears on your Grant Contract

- **AMOUNT REQUESTED**
  Enter amount of this request.

PART II - STATUS OF GRANT FUNDS

1. **GRANT AMOUNT AWARDED**
   Enter total amount shown on your Grant Contract.

2. **TOTAL COST OF PROJECT**
   Enter total amount for the funded project.

3. **TOTAL AMOUNT REQUESTED**
   Enter amount shown in Part I above.
   It should be no more than forty percent of the total costs of project not to exceed the grant amount awarded.

PART III - EXPENDITURE JUSTIFICATION

Provide a brief explanation of how the requested funds have been used. Provide copies of paid invoices or receipts

PART IV - CERTIFICATION

The person who signed the grant contract should sign the certification

PART V - APPROVAL

The approval will be completed by KDWPT for state processing

ATTACHMENTS

All invoices pertaining to the project as outlined in the grant application are to be submitted. You will only need to provide proof of payment, in the form of a voided check or statement, for the invoices that the grant is reimbursing

Grant recipients must, in addition to all other expenditures, provide verification of all in-kind activities as outlined in the grant application

Reimbursement is based on a 40/60 match

Please provide a copy or provide a link of the completed project

Final Reports are due with the Request for Reimbursement