

# 2010 City of Liberty Lake Tourism Promotion Funding

## **REIMBURSEMENT PROCEDURES**

How to apply for a reimbursement:

The City of Liberty Lake will reimburse the applicant upon receipt of completed Reimbursement Form and attached copies of invoices associated with your project or event. Applicants must first incur costs and then invoice the City under guidelines laid out in the Tourism Promotion Services Agreement. For the final reimbursement, please include the Final Evaluation Report.

Reimbursement Requests: Please send invoices at least quarterly to:

City of Liberty Lake  
Attention: Ann Marie Gale, City Treasurer  
22710 E. Country Vista Drive  
Liberty Lake, WA 99019

Once the reimbursement request is approved by City Council, grantee will be sent a check the following business day.

## **CHECKLIST FOR PAYING REIMBURSEMENTS**

\_\_\_ Executed agreement on file

### **Evaluation Report**

- \_\_\_ Letters from Lodging Facilities verifying date, rate, & room nights
- \_\_\_ Synopsis of Event
- \_\_\_ Copy of marketing/promotional materials
- \_\_\_ Revenue/Expense report for event
- \_\_\_ Invoices
- \_\_\_ Completed Reimbursement Request Form
- \_\_\_ Final Narrative Report

This form is also available in PDF format on line at [www.libertylakewa.gov/finance/](http://www.libertylakewa.gov/finance/).

# Request for Reimbursement Form

GRANTEE: \_\_\_\_\_

TAX I.D. NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GRANT # \_\_\_\_\_  
 \_\_\_\_\_

From \_\_\_\_\_  
 To \_\_\_\_\_

Date	Invoice #	Description	Advertising	Promotional	Event	Misc.	Total
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
(ATTACH COPIES OF INVOICES!)			\$ -	\$ -	\$ -	\$ -	

APPROVED: \_\_\_\_\_

NOTES: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\* NOTE: Check box if project has not been started.

As grantee, I certify to the best of knowledge and belief the billed costs of disbursements are in accordance with the terms of the project and that the reimbursement represents the Hotel/Motel Tax specifications under Senate House Bill 5647 and which have not previously been requested and all promotions were in accordance with the terms of the grant.

Amount Requested: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_