

2018 City of Liberty Lake Lodging Tax Grant

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 and proof of payment associated with your project or event. Applicants must first incur costs and then invoice the City under guidelines laid out in the Lodging Tax Grant Agreement. For the final reimbursement, please include the Final Evaluation Report.

Reimbursement Requests: Please send invoices to:

City of Liberty Lake
Attention: Tricia Prince
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

- ___ Synopsis of Event / Project report
- ___ Copy of marketing/promotional materials
- ___ Revenue/Expense report for event
- ___ Invoices with proof/documentation of paid status
- ___ Completed Reimbursement Request Form

This form is also available in PDF format on line at:
www.libertylakewa.gov/administrativeservices

Request for Reimbursement Form

GRANTEE: _____

TAX I.D. NUMBER: _____

MAILING ADDRESS:

Date	Invoice #	Description	Advertising	Promotional	Event	Misc.	Total	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
(Attach copies of paid invoices and proof of payment)			\$ -	\$ -	\$ -	\$ -	\$ -	
							Subtotal	\$ -
							Advances	
							Total	\$ -

APPROVED: _____
 DATE: _____

NOTES: _____

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: _____