



LODGERS' TAX EVENT REIMBURSEMENT FORM

Event Name: _____ Event Date: _____

Sponsor Organization: _____ Checks Payable to: _____

Mailing Address: _____ City/State/ZIP: _____

Phone: _____ Cell Phone: _____ Email: _____

Submit to Public Affairs department to be approved and processed for payment at tourism@roswell-nm.gov

EE Office only	Proof of Wording (Y/N) Office Only	Vendor	Description of Use of Funds	Invoice Amount	Eligible Amount at 50%	Proof of Payment (check # or credit card)
Please use additional reimbursement form if necessary.				Total:	50% Total:	

Requested amount must be equal to or less than 50% of the total invoices listed and attached and no more than the amount awarded.
 Final requests for reimbursement is due ninety (90) days following the last day of the event with the exception to event dates after April 1st.
 Attach invoices, proof payment (check copy or credit card receipt copy) and appropriate documentation to this request.
 Approved reimbursement amount may or may not be same amount as requested.
 Expenses which are deemed as not eligible will be denied and the approved amount may be lower than the requested amount.
 Requests may not be approved on the same day they are received.
 See Policy for Reimbursement request details and Lodgers' Tax Event Reimbursement Submission Guide.

Total Eligible Expenses: _____ 50% Reimbursement Total: _____

Requested by: _____ Date: _____

Please mail or call when ready: _____ Phone: _____

OFFICIAL USE ONLY

Requested Received (date): _____ Approved Amount: \$ _____

Approved by: _____ Date: _____

Check #: _____ Check Date: _____ Check released to (signature): _____

Date check obtained or mailed: _____

(For Final Reimbursement Request - Last day of Event: _____ # of days: _____)