

FALLON CONVENTION & TOURISM AUTHORITY

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR TOURISM GRANT

1. Grantee: \_\_\_\_\_

2. Project Title: \_\_\_\_\_

3. Type of Request: \_\_\_\_\_ Partial:  Final:

4. Grantee Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email/Web Address: \_\_\_\_\_

5. Tax I.D. #: \_\_\_\_\_

**DESCRIPTION OF COSTS:**

6. From the grant application, list the line item(s) from **grant expenditures** for which your are requesting reimbursement or partial reimbursement:

A. Amount of each line item from above:

B. Total amount expended (attach and label invoices for each line item):

C. **REQUESTED REIMBURSEMENT AMOUNT:** \$ \_\_\_\_\_

OUTLAY AND REIMBURSEMENT FORM

**FUND BALANCE:**

7. Amount of Grant: \_\_\_\_\_

8. Amount reimbursed to date (include amount requested on this form): \_\_\_\_\_

9. Balance: \_\_\_\_\_

As a grantee, I certify that to the best of my knowledge and belief the billed costs (amount requested for reimbursement) are in accordance with the terms of the **GRANT AGREEMENT** for the project and reimbursement represents the Fallon Convention & Tourism Authority share due which has not been previously requested.

10. **AUTHORIZED SIGNATURES:**

Grantee: \_\_\_\_\_

Typed name and title: \_\_\_\_\_

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

**FALLON CONVENTION & TOURISM AUTHORITY:**

Executive Director: \_\_\_\_\_

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

City Clerk: \_\_\_\_\_

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

**PLEASE SUBMIT TWO (2) COPIES OF THIS FORM.**  
**EACH MUST HAVE AN ORIGINAL SIGNATURE AND MAIL TO:**

**Fallon Convention & Tourism Authority**

**100 Campus Way  
Fallon, NV 89406**