

Nevada Commission on Tourism
**OUTLAY REPORT and REQUEST FOR
REIMBURSEMENT FOR RURAL MARKETING GRANTS**

1. Grant ID: _____ 2. Type of Request 3. Payment Request # _____
 Interim Final

4. Evaluation Form Submitted Online yes no 5. Period covered (month/day/year)
(required for final reimbursement) From: _____ To: _____

6. _____
Name of Grantee Organization

Mailing Address

City, State Zip

7. Total Award Amount:
\$ _____

8. Required Match:
\$ _____

<u>Description of Costs</u>	<u>Reimbursement Requested (\$)</u>	<u>Total Expenditures to Date (Include both grant funds and local matching funds)</u>
a. Personnel; Administrative (can not come from grant)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	_____
b. Travel Trade Shows	_____	_____
c. Internet	_____	_____
d. Advertising	_____	_____
e. Promotional Literature	_____	_____
f. Fam Tours	_____	_____
g. Operating Expense	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	_____
h. Audio-Visual Productions	_____	_____
i. Other (please specify)	_____	_____
	_____	_____
	_____	_____
TOTAL COSTS:	_____	_____

Do not request grant payments for unauthorized expenditure categories.

Outlay Report and Request for Reimbursement for Rural Marketing Grants

Expenditure Summary

8) State Reimbursement Previously Requested _____	9) Total Expenditures Previously Accounted for _____
10) Current Amount Requested for Reimbursement _____	11) Total Expenditures Newly Accounted for _____
12) Total State Reimbursement To Date (8 + 10) _____	13) Total Expenditures to Date (9 + 11) _____

AS GRANTEE I certify that to the best of my knowledge and belief the billed costs of disbursements are in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and all promotions were in accordance with the terms of the grant.

8. Authorized Signatures:

GRANTEE:

TOURISM COMMISSION:

 Signature

 Grants Manager Date

 Name & Title

 Business Manager Date

Date: ____ / ____ / ____

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

**NEVADA COMMISSION ON TOURISM
 ATTN: MARKETINGGRANTS MANAGER
 200 S. VIRGINIA ST, SUITE 500
 RENO, NEVADA 89501**