

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

1. Grant ID: \_\_\_\_\_ 2. Type of Request: \_\_\_\_\_ 3. Payment Request # \_\_\_\_\_  
 [ ] Partial [ ] Final

4. Final 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 (cannot come from grant)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	_____
b. Paid Advertising	_____	_____
c. Public Relations	_____	_____
d. Travel Trade	_____	_____
e. Organization assets	_____	_____
f. Conferences	_____	_____
g. Operating Expense	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	_____
h. Travel Nevada Co-op	_____	_____
i. Market Research/Strategic planning	_____	_____
j. Administrative (Territories only)	_____	_____
j. Other (please describe)	_____	_____
_____	_____	_____
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**