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
   (required for final reimbursement)

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:
   $ ________________

<table>
<thead>
<tr>
<th>Description of Costs</th>
<th>Reimbursement Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel; Administrative (can not come from grant)</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>b. Travel Trade Shows</td>
<td>__________________________</td>
</tr>
<tr>
<td>c. Internet</td>
<td>__________________________</td>
</tr>
<tr>
<td>d. Advertising</td>
<td>__________________________</td>
</tr>
<tr>
<td>e. Promotional Literature</td>
<td>__________________________</td>
</tr>
<tr>
<td>f. Fam Tours</td>
<td>__________________________</td>
</tr>
<tr>
<td>g. Operating Expense</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>h. Audio-Visual Productions</td>
<td>__________________________</td>
</tr>
<tr>
<td>i. Other (please specify)</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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:

__________________________
Signature

__________________________
Name & Title

 Date: ___ / ___ / ___

TOURISM COMMISSION:

__________________________
Grants Manager

__________________________
Business Manager

 Date: ___ / ___ / ___

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

NEVADA COMMISSION ON TOURISM
ATTN: MARKETING GRANTS MANAGER
401 N. CARSON STREET
CARSON CITY, NEVADA 89701