



**OFFICE OF TOURISM DEVELOPMENT
LIST OF REIMBURSABLE EXPENDITURES
SPORTS EVENT SPONSORSHIP
PROGRAM**

ORGANIZATION:

EVENT/DATE:

POST EVENT REPORT DATE:

1. ITEM No.	2. DATE	2. INVOICE No.	3. VENDOR	4. CONCEPT	5. TOTAL	6. REIMBURSABLE AMOUNT	7. METHOD OF PAYMENT	8. PAYMENT No.
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TOTAL AMOUNT FOR REIMBURSABLE EXPENSES								

INSTRUCTIONS:

- 1. ITEM No.:** Please assign a number for each receipt sought to be reimbursed and attach the proof in the same order.
- 2. DATE:** Date of the invoice
- 3. INVOICE No.:** On vendor receipt
- 3. VENDOR:** Name of the Organization which was paid for the service or purchase.
- 4. CONCEPT:** Describe the type of service / purchase (i.e. specify date and location of advertising)
- 5. TOTAL:** Total of the invoice you are attaching to the report
- 6. REIMBURSABLE AMOUNT:** Total amount of invoice that qualifies for reimbursement.

7. METHOD OF PAYMENT: Check or Debit/Credit Card

8. PAYMENT No.: Write the check number or bank statement page and line of the transaction.