

**LEE COUNTY TOURIST DEVELOPMENT COUNCIL
COMMUNITY SPECIAL EVENTS MARKETING PROGRAM**

**REQUEST FOR REIMBURSEMENT FORM
FISCAL YEAR 2006/2007**

NOTE: Please provide one original and one copy of this form and all supporting documentation. Incomplete requests may cause a delay in the reimbursement process. Copies of all invoices, cancelled checks (front & back) as well a copy of the ad, brochure or flyer must be attached with this form. An interim progress report or a final narrative report must be included with this form. Deadline for final reimbursement request: September 19, 2007

EVENT NAME: _____

ORGANIZATION: _____

FUNDING MANAGER: _____ PHONE: _____

REPORT PERIOD DATE: _____ { } NTERIM REQUEST { } FINAL REQUEST

ITEMS	AMOUNT REQUESTED
TOTAL AMOUNT REQUESTED	\$

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.
CERTIFICATION OF FINANCIAL OFFICER: I certify that the above data is correct based on this organization's official accounting system and records, consistently applied and maintained, and that the costs shown have been made for the purpose of, and in accordance with the terms of the TDC funding application. The funds requested are for reimbursement of actual costs made during this time period. **The CEO of the Organization is usually expected to sign financial forms, including this form. Please notify the VCB in the event that someone else signs these forms.**

CEO'S Signature: _____ Title: _____

Printed Name: _____ Date: _____