

**REQUEST FOR PAYMENT/REIMBURSEMENT FROM
CEDAR FALLS TOURISM GRANT PROGRAM**

Date: _____

Applicant: _____

Please Make Check Payable to: _____

Address: _____ Phone Number: _____

City: _____ Zip Code: _____

Project: _____

Project Coordinator: _____ Phone Number: _____

Total Project Expense: _____ Total Award: _____

Vendor Name & Address	Invoice Number	Check Number	Amount

(Please use additional page if necessary)

IMPORTANT - REQUIRED DOCUMENTATION CHECKLIST:

- copy(ies) of paid invoices**
- completed reimbursement request (this document)**
- evidence of financial support recognition**
- post event/project evaluation**

Please send required documents to address listed below:

Cedar Falls Tourism
6510 Hudson Road
Cedar Falls, IA 50613
jennifer.pickar@CedarFalls.com
(319) 268-4266

