

REQUEST FOR PAYMENT/REIMBURSEMENT FROM CEDAR FALLS TOURISM BUREAU 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)
- ___ one copy of each grant-funded advertisement or of the finished project if applicable – this should show how acknowledgement of sponsorship was accomplished – for Facebook ads/boosted posts, include screen shots and target audience
- ___ evidence of reciprocal link to website if applicable
- ___ post event/project evaluation

Please send required documents to address listed below:

Cedar Falls Tourism and Visitor Bureau
6510 Hudson Road
Cedar Falls, IA 50613
visit@CedarFallsTourism.org
(319) 268-4266
(800) 845-1955

