



**First Quarter 2024 Meeting Promotion for
TDMD Participating Hotels**

Reimbursement Form

Hotel Name: _____

Accounting / Finance Contact: _____

Meeting Group Name: _____

Meeting Dates: _____

Guest Room Block / Pick Up: _____

Guest Room Rate: _____

Total Guest Room Rental: _____

Meeting Room Rental Total: _____

Food and Beverage Total: _____

Please submit to:

Dan Sarmiento

Staff Accountant

GBCVB

dsarmiento@meetboston.com

Please include with this form the following:

- Group Pick-Up Report
- Group Master Bill
- Contract Signature Page