



ATTRACTION DEVELOPMENT REIMBURSEMENT REQUEST FORM

Grant progress reports must be current before reimbursements will be made

CONTACT INFORMATION:

Grantee/Farm Name: _____ Contact Person: _____
 Mailing Address: _____ City, State, ZIP: _____
 Telephone Number: _____ Email Address: _____

REIMBURSEMENT REQUEST:

REQUEST#: _____

- 1. Grant Amount Awarded \$ _____
- 2. Grant Funds Received to Date \$ _____
- 3. Amount of This Request \$ _____
- 4. Balance of Grant Remaining (upon receipt of this request) \$ _____

EXPENDITURE JUSTIFICATION:

List project expenses from the budget page of the application that attached invoices, statements, and canceled checks represent. The budget submitted in the application is the approved budget. Only the expenses outlined in the application document will be reimbursed. Forty percent (40%) of qualified paid expenditures will be reimbursed. Not to exceed the amount of the grant.

EXPENSE NAME	EXPENSE AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

CERTIFICATION:

I HEREBY CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT AND THAT THE AMOUNT REQUESTED IS FOR ACTIVITES RELATED TO THE GRANT PROJECT.

SIGNATURE _____ TITLE _____ DATE _____

APPROVAL: (Kansas Tourism approval only)

Kansas Tourism Representative _____ DATE _____

INSTRUCTIONS FOR REQUEST FOR REIMBURSEMENT

PART I – CONTACT INFORMATION

GRANTEE NAME, ADDRESS, PHONE AND EMAIL
As it appears on your Grant Contract

PART II – REIMBURSEMENT REQUEST

ENTER REQUEST NO. (Sequential number of your request)

1. GRANT AMOUNT AWARDED

Enter total amount shown on your Grant Contract.

2. GRANT FUNDS RECEIVED TO DATE:

Enter total amount of all funds received to date under this Grant Award

3.. AMOUNT OF THIS REQUEST

Enter amount of the reimbursement request. Minimum request is \$500.00.

4.. BALANCE of Grant Remaining: Grant Amount Awarded (1) minus - Grant Funds Received to Date (2) minus - Amount of This Request (3) equals = Balance of Grant Remaining (4).

PART III - EXPENDITURE JUSTIFICATION

Provide an overview of how the requested funds correspond with the attached invoices or receipts.

PART IV – CERTIFICATION

The signature should be the same as those on the contract and/or those authorized to request payment.

PART V – APPROVAL

Will be completed by Kansas Tourism for state processing.

ATTACHMENTS

An invoice with a voided check showing payment or a statement with paid status is to be attached to the request for reimbursement for the invoices paid through the grant. The Final Report should be included in your Final Grant Reimbursement Request.

Reimbursement is based on a 40/60 match. Each payment request does not need to meet 40% reimbursement of paid invoices to date, Kansas Tourism will audit the final request to ensure no more than 40% of total project cost is awarded.