Request for Payment Form

Please complete this form and submit with items below for reimbursement

1641 Elk St.
Rock Springs, WY 82901 Ph: 307.382.2538

Grant #: _____

Payment reimbursement is based on the approved items that were included in the original application.

Applicant Information

Organization Name: _____ Primary Contact: _____

Mailing Address: _____ Phone: _____

City/State/ZIP: _____ Email: _____

Event Information

Event Name: _____ # of Out-of-County Participants Predicted: _____

Date(s) of Event: _____ # of Out-of-County Participants Attended: _____

Reason for more or fewer out-of-county participants:

Request for Payment Information

The Sweetwater County Joint Travel & Tourism Board grant in the amount of $ _____ has been completed.

The following items are attached:

- ☐ Final Report (with an explanation of how the Sweetwater County Joint Travel & Tourism Board was recognized at the event)
- ☐ Itemized List of Expenditures (with the "Actual Receipts Sent In" column completed)
- ☐ Paid Invoices
- ☐ Cancelled Checks (or Certified Copies)
- ☐ (print materials such as ads, brochures, posters, promotional flyers, programs, stationery, registration forms)
- ☐ High Resolution images of events

Request for Payment:

Amount of Grant Approved: _____

Amount of Expenses Submitted for Reimbursement: $ _____

Signature: _____ **Date:** _____