

**Pulaski County Tourism Bureau
Co-Op Marketing Program 2009
Request for Reimbursement**

Organization Requesting Reimbursement: _____

Name of Project: _____

Estimated project expenses, (from application): _____

Actual project expenses: _____

Co-Op funds allocated, (from application): _____

Co-Op funds requested for reimbursement: _____

I certify that this funding was used to advertise an event, activity or facility that is open to the public.

I certify the expenses incurred for this project have been paid in full.
(Receipts/invoices attached)

I certify the credit line and/or logo of the Pulaski County Tourism Bureau has been incorporated in the advertising funded by this project. (Affidavits and/or ads must be included).

Included: Copies of all expenses, affidavits, samples of all marketing collateral.

Signature of Event Organizer

Printed Name

Date

Telephone Number

Amount of Funding Approved by Pulaski County Tourism Bureau – not more than 50% of the actual total project costs.

Tourism Bureau to complete information below the dotted line.

Ad	Ad #	Ad	Logo/tagline	Ad Cost	Tourism Portion

Total Project Amount

Pre-approved Amount

Maximum Per-event

**TOTAL
REIMBURSEMENT**

Signature: _____ Title: _____