



## County of Grant Lodger's Tax Reimbursement Form

Name of Event: \_\_\_\_\_ Fund: \_\_\_\_\_ PO#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of business: \_\_\_\_\_

Description: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of business: \_\_\_\_\_

Description: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of business: \_\_\_\_\_

Description: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of business: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Name of Event Representative Printed

\_\_\_\_\_  
Total amount of reimbursement requested

\_\_\_\_\_  
Event Representative Signature

Date: \_\_\_\_\_

**Approved for Payment By:**

\_\_\_\_\_  
Department Head/County Official

Date: \_\_\_\_\_

\_\_\_\_\_  
County Manager

Date: \_\_\_\_\_