



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: _____