**2019-2020 Chesterfield County State Accommodations Tax Grant  
Reimbursement Form**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursement Request Number: \_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | OFFICE USE ONLY | | | | |
| Invoice Date | Vendor Name | Check Number | Invoice Amount | Proof of Payment | Invoice | Proof of Performance | Fundable Amount | Nonfundable Explanation |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **TOTAL** | | | $ |  | | | | |

These expenditures are true and correct. All funds indicated above have been expended in accordance with the Chesterfield County State Accommodations Tax grant program. I further understand that the above items may not be funded if the above items do not meet the pre-approved expenditures indicated. This form along with all documentation must be received no later than June 15, 2020.

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Project Director Signature Date

All documentation should be mailed to:

Chesterfield County Economic Development  
c/o Chesterfield County Tourism   
Attn: Darron Kirkley  
PO Box 192  
Chesterfield, SC 29709