

Outlay Report and Request for Reimbursement
 for Projects Relating to Tourism Grants
 Page Two

<u>Description of Costs</u>	<u>Expenditures</u>
State Reimbursement Previously Requested _____	Previously Accounted _____
Current Amount Requested for Reimbursement _____	Newly Accounted _____
State Share To Date _____	Total to Date _____

AS GRANTEE I certify that to the best of my knowledge and belief the billed costs of disbursements are in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and all promotions were in accordance with the terms of the grant.

8. Authorized Signatures:

GRANTEE:

TOURISM DEPARTMENT:

Signature

Grants Manager Date

Typed Name & Title

Business Manager Date

Date: ___ / ___ / ___

PLEASE SUBMIT TWO (2) COPIES OF THIS FORM. EACH MUST HAVE AN ORIGINAL SIGNATURE.

**MAIL TO: NEVADA DIVISION OF TOURISM
 ATTENTION: SHARI BOMBARD
 401 N. CARSON STREET
 CARSON CITY, NEVADA 89701**