



**CITY OF CAMDEN  
FY 2018-19 HOSPITALITY TAX GRANT PROGRAM  
REIMBURSEMENT REQUEST PACKET**

In order to receive reimbursement through the Hospitality Tax Grant Program, the grantee must submit the following items by **June 30, 2019**:

- ┌ **Billing Data Sheet**, including:
  - Copies of Invoices
  - Canceled Checks
  - Proof of Performance
    - Include samples of the actual brochure, advertisement, picture of billboard, online screen shot, broadcast scripts, or mp3 etc.
    - Must demonstrate use of Camden brand / logo on the samples
- ┌ **\*Completion Report** fully completed
  - *\*Only submit this with your final reimbursement request*

Your reimbursement request submittal should include the items listed above. Please submit to:

Caitlin Young  
Assistant City Manager  
City of Camden  
PO Box 7002  
Camden SC 29021

If you have any questions, please contact Suzi Sale at [ssale@camdensc.org](mailto:ssale@camdensc.org).

**City of Camden  
Completion Report  
FY 2018-19 Hospitality Tax (HTAX) Funding**

**I. PROJECT INFO:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Describe your event, program, or project: \_\_\_\_\_

State the geographic target audience(s): \_\_\_\_\_

**II. PROJECT COMPLETION**

Were you able to complete the project as stated in your original application? \_\_\_\_\_

If no, state any problems you encountered: \_\_\_\_\_

**III. PROJECT SUCCESS:**

Please share any additional comments regarding the project (e.g. lessons learned, successes, problems encountered, etc.) \_\_\_\_\_

**IV. PROJECT ATTENDANCE**

Record numbers in table below, as requested by the A-Tax Committee. Complete the chart below.  
(Numbers are to reflect attendance and funds received for projects for current and previous years.)

	Previous Year	Current Year
Total budget of event / project		
Amount funded by Camden A-Tax Program		
Amount funded by A-Tax from all sources		
Total attendance		
Total tourists*		
Number of tickets sold		
Price structure		

*\*Tourists are generally defined as those who travel at least 50 miles to attend.*

Describe the impact the project / program / event had on prepared meals and alcoholic beverages including beer and wine sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. METHODS**

Please describe the methods used to capture the attendance data listed above (license plates, registration tracking forms, sign-in pads, ticket sales, website analytics, surveys, etc.): \_\_\_\_\_

---

---

**VI. PROJECT BUDGET**

Attach report indicating project expenses of Hospitality Tax, including actual revenue / income.

**VII. ORGANIZATION SIGNATURE:**

Provide signature of official within organization, verifying accuracy of above statements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Camden  
Hospitality Tax Grant Program  
Billing Data Sheet for Reimbursement**

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

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

Total project budget: \_\_\_\_\_

Reimbursement Request (check one): partial \_\_\_\_\_ final \_\_\_\_\_

						<i>Office Use Only</i>					
						Applicant award:					
Invoice Date	Invoice Number	Vendor Name	Check Number	Description of Item	Requested Reimbursement Amount on Invoice (please highlight):	Invoice	Canceled Check	Proof of Performance	Proof of Attendance Tracking	Fundable Amount	Non Fundable Explanation
<b>Total this request: \$</b> _____						Attendance:				Project Category:	
<b>Total previous requests: \$</b> _____						Applicant Award:					

\_\_\_\_\_

*Agency / Project Director Signature*

**Total to date: \$** \_\_\_\_\_

**Total H-Tax Grant Award Amount: \$** \_\_\_\_\_

\_\_\_\_\_

*Date*

*H-Tax Reimbursement  
Billing Data Sheet  
Updated 1/26/19*