In order to receive reimbursement through the Hospitality Tax Grant Program, the grantee must submit the following items by June 30, 2020:

- **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.
City of Camden  
Completion Report  
FY 2019-20 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.)

<table>
<thead>
<tr>
<th></th>
<th>Previous Year</th>
<th>Current Year</th>
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</thead>
<tbody>
<tr>
<td>Total budget of event / project</td>
<td></td>
<td></td>
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<tr>
<td>Amount funded by Camden A-Tax Program</td>
<td></td>
<td></td>
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<tr>
<td>Amount funded by A-Tax from all sources</td>
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<tr>
<td>Total attendance</td>
<td></td>
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<tr>
<td>Total tourists*</td>
<td></td>
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<td>Number of tickets sold</td>
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<tr>
<td>Price structure</td>
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*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____

<table>
<thead>
<tr>
<th>Invoice Date</th>
<th>Invoice Number</th>
<th>Vendor Name</th>
<th>Check Number</th>
<th>Description of Item</th>
<th>Requested Reimbursement Amount on Invoice (please highlight):</th>
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Total this request: $ __________________________

Total previous requests: $ __________________________

Total to date: $ __________________________

Total H-Tax Grant Award Amount: $ __________________________

Agency / Project Director Signature __________________________

Date __________________________

Office Use Only

Invoice
Cancel
Proof of
Performance
Proof of
Attendance Tracking
Fundable Amount
Non Fundable Explanation

Total to date: $ __________________________

Attendance: __________________________

Project Category: __________________________

Applicant Award: __________________________

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