



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

In order to receive reimbursement through the Accommodations 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.

**City of Camden
Completion Report
FY 2018-19 Accommodations Tax (ATAX) 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 local hotels and motels.

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 Accommodations 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
Accommodations Tax Grant Program
Billing Data Sheet for Reimbursement**

Organization: _____

Project Title: _____

Date: _____

Total project budget: _____

Reimbursement Request (check one): partial _____ final _____

Invoice Date	Invoice Number	Vendor Name	Check Number	Description of Item	Requested Reimbursement Amount on Invoice <small>(please highlight)</small>	City Office Use Only					
						Invoice	Canceled Check	Proof of Performance	Proof of Attendance Tracking	Fundable Amount	Non Fundable Explanation
				Total ATAX Grant award amount							
				Total already previously advanced or submitted for reimbursement							
Total this request: \$					Attendance:				Project category:		
Total previous requests: \$					Applicant award:						
Total to date: \$ _____											

Agency / Project Director Signature

A-Tax Reimbursement
Billing Data Sheet