



**Destination Management Organization  
LIST OF REIMBURSABLE EXPENDITURES  
Marketing Matching Sponsorship  
Program**

**ORGANIZATION:**

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**EVENT/DATE:**

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**POST EVENT REPORT DATE:**

1. ITEM No.	2. DATE	2. INVOICE No.	3. VENDOR	4. CONCEPT	5. TOTAL	6. REIMBURSABLE AMOUNT	7. METHOD OF PAYMENT	8. PAYMENT No.
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<b>TOTAL AMOUNT FOR REIMBURSABLE EXPENSES</b>								

**INSTRUCTIONS:**

1. **ITEM No.:** Please assign a number for each receipt sought to be reimbursed and attach the proof in the same order.
2. **DATE:** Date of the invoice
3. **INVOICE No.:** On vendor receipt
3. **VENDOR:** Name of the Organization which was paid for the service or purchase.
4. **CONCEPT:** Describe the type of service / purchase (i.e. specify date and location of advertising)
5. **TOTAL:** Total of the invoice you are attaching to the report
6. **REIMBURSABLE AMOUNT:** Total amount of invoice that qualifies for reimbursement.

7. **METHOD OF PAYMENT:** Check or Debit/Credit Card
8. **PAYMENT No.:** Write the check number or bank statement page and line of the transaction.