

**FINAL INVOICE FOR TOURISM FUNDING
AND PROJECT/EVENT REPORT**

Send to: City of Kalama, PO Box 1007, Kalama, WA 98625 or email apclerk@cityofkalama.com

Organization: _____

Address: _____

Contact Name: _____

Phone No; _____ Email: _____

Amount of request \$ _____ Council Approved Amount \$ _____

Project/Event: _____

PROJECT/EVENT REPORT – To be eligible for reimbursement, receipts and a copy of the final budget for the event including revenues generated and expenditures must be attached.

Provide actual numbers of participants who attended the event/activity in each of the following categories:

- ❖ Stayed overnight in paid accommodations away from their place of residence or business: _____
 - ❖ Stayed overnight in unpaid accommodations (with friends or family) and traveled 50 miles or more one way from their place of residence or business: _____
 - ❖ Stayed for the day only and travel more than 50 miles or more one way from their place of residence or business: _____
 - ❖ Attended but are not included in one of the categories above: _____
 - ❖ Number of participants in any of the above categories that attended from out-of-state (includes other countries): _____
- Total number of people in attendance _____

Did the project/event meet the expectations: _____

Will the project/event be held next year? **YES** **NO**

How will the project/event be financed in the future? _____

Will city tourism funding be requested in the future? YES NO

Final Revenues & Expenditures Worksheet – or attach equivalent documentation of event revenues and expenditures. The budgeted column should match funding application information.

| <u>Revenue Items</u> | <u>Budgeted</u> | <u>Actual</u> | <u>In Kind Services</u> |
|---|-----------------|--------------------------------|-------------------------|
| Ticket Sales/Entrance Fees | | | |
| Donations | | | |
| Sponsorships | | | |
| Civic Groups | | | |
| City Tourism Funding | | | |
| | | | |
| | | | |
| <i>Subtotal: Revenues</i> | | | |
| | | | |
| <u>Expense Items</u> | <u>Budgeted</u> | <u>Actual- Attach Invoices</u> | <u>In Kind Services</u> |
| | | | |
| | | | |
| City Services (public works) | | | |
| Police Services [(dedicated officer(s))] | | | |
| Liability Insurance | | | |
| Event Security | | | |
| Traffic/Parking Control | | | |
| Garbage/Litter Control | | | |
| Sanitation Facilities | | | |
| Medical/Emergency Response | | | |
| <i>Subtotal: Expenses</i> | | | |
| | | | |
| Net Totals: | | | |
| | | | |