



Olympic Peninsula Visitor Bureau  
 PO Box 670  
 618 S. Peabody St. Suite F  
 Port Angeles, WA 98362  
 360-452-8552  
 director@OlympicPeninsula.org

**Clallam County Tourism Enhancement Grant 2019 – Part 2 of 2 Bill Submission**

The 2019 Grant Reimbursement Request must be completed and turned in within 45 days following completion of the project/event.

Project/Event \_\_\_\_\_

Project/Event Director \_\_\_\_\_ Phone \_\_\_\_\_

Type(s) of reimbursement \_\_\_\_\_  
 (such as ad, print material, web site, facility, etc.)

Target Market (geographic area, age demographic, niche) \_\_\_\_\_

**List below ALL granting organizations and amounts billed:**

Organization	Amount Billed	Contact Information
1.		
2.		
3.		
4.		

*Attach another sheet with information if necessary.*

**Include all documentation of expenses:**

**1. Ads - Print/Radio**

- Publication name/radio station(s)
- Date of publication
- Copy of ad (or if radio, an audio email) sent to info@olympicpeninsula.org or script of radio advertisement
- Invoice/Payment receipt

**2. Print Material**

- Type of print material
- Copy of material
- Invoice/payment receipt
- Distribution details
- Distribution schedule

**3. Web Site(s)**

- URL
- Copy of page(s) including lodging link and information
- Invoice/payment receipt

**4. Facility**

- Description of expenses
- Invoice/payment receipt

**5. For all other expenses**

- Description of expenses
- Copies of material, if applicable
- Distribution
- Invoice/payment receipts

These expenses have been reviewed and are in accordance with the criteria and conditions of the Tourism Enhancement Grant awarded this project/event.

Signature – Project/Event Director \_\_\_\_\_

Date \_\_\_\_\_