



FLAGLER COUNTY CULTURAL COUNCIL

REIMBURSEMENT REQUEST FORM

Organization: _____

Event Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Reimbursement request must be for qualified items related to the approved grant event. For each expense, please attach a paid invoice as well as a cancelled check or other proof of payment in the organization's name. Also, please include tear sheets, printed samples, or other backup information to substantiate required use of grantor's logos. You may use as many forms as necessary for your reimbursement request. Failure to submit requests correctly will delay payment.

Vendor	Expense Description	Invoice Amount	Allowable Reimbursement Amount
Total amount to be reimbursed			

The information above is true and correct based upon our records. The funds requested are for reimbursement from the awarded grant by the City of Palm Coast and are actual expenses related to the event.

Authorized Agent Signature

Date