

**LINCOLN COUNTY LODGER'S TAX  
AWARDED FUNDS  
REIMBURSEMENT FORM**

Mail or deliver this completed form to:  
Lincoln County Manager's Office  
**IF BY MAIL:** P.O. Box 711  
**IF DELIVERED:** 300 Central Avenue  
Carrizozo, NM 88301

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Date Reimbursement Form submitted: \_\_\_\_\_

*Briefly describe how County Lodger's Tax funds were used and results of Event  
guest tracking by attaching a separate after-action report sheet to this  
Reimbursement Form.*

**Attach all INVOICES, RECIEPTS, PROOF OF PAYMENT and SAMPLES OF  
DOCUMENTS with this completed form.**

*Indicate all that are applicable when accounting for expenditures of Lodger's Tax Funds:*

Brochure	Fire Protection
Sample Radio Ad	Certified Copy of Newspaper Ad
Copy of other Media Ad	Police Protection
Sanitation Service	Photo of Sign or Billboard

**STATEMENT OF UNDERSTANDING**

By signing below, I attest that I have provided Lincoln County with a brief, after-action report along with all necessary receipts and a completed Awarded Funds Reimbursement Form within ninety (90) days of the Event which was approved, validating that funds received from the County for reimbursement were spent in accordance with Lincoln County Lodger's Tax Ordinance specifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**FOR COUNTY USE:**

Lodger's Tax Funding Application number:

County Purchase Order Number:

Reimbursement form/attachments received by:

Date: