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, RECEIPTS, 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:

<table>
<thead>
<tr>
<th>Brochure</th>
<th>Fire Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Radio Ad</td>
<td>Certified Copy of Newspaper Ad</td>
</tr>
<tr>
<td>Copy of other Media Ad</td>
<td>Police Protection</td>
</tr>
<tr>
<td>Sanitation Service</td>
<td>Photo of Sign or Billboard</td>
</tr>
</tbody>
</table>

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: ____________