



EXHIBIT "B"
REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT
3450 E. Lake Mary Blvd. Sanford, FL 32773

EVENT NAME
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP
NAME OF CONTACT CONTACT PHONE
CONTACT E-MAIL
EVENT DATE FROM TO
REQUEST #
() INTERIM REPORT () FINAL REPORT
TOTAL CONTRACT AMOUNT \$

Table with 3 columns: EXPENSE, BUDGET, REIMBURSEMENT REQUESTED. Includes a row for TOTALS.

(For Final Report only)

Please complete the following:

of Hotels used
of Documented Hotel room nights
of out-of-town participants
of out-of-town fans
of out-of-town media
Total direct economic impact \$

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

CERTIFICATE OF FINANCIAL OFFICER: I certify that the above information is correct based on our official accounting system and records consistently applied and maintained and that the cost shown have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual cost made during this time period.

SIGNATURE TITLE