



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 \$ _____

<u>EXPENSE</u>	<u>BUDGET</u>	<u>REIMBURSEMENT REQUESTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	<u>\$ 0.00</u>	<u>\$ 0.00</u>

(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 _____