

**City of Camden**  
**Accommodations Tax Grant Program**  
**Expense Data Sheet for Reimbursement (FY 2023-2024)**

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Total project budget: \_\_\_\_\_

Reimbursement Request (check one): partial \_\_\_\_\_ final \_\_\_\_\_

						<i>Office Use Only</i>					
Invoice Date	Invoice Number	Vendor Name	Check Number	Description of Item	Requested Reimbursement Amount on Invoice (please highlight):	Invoice	Canceled Check	Proof of Performance	Proof of Attendance Tracking	Fundable Amount	Non Fundable Explanation
<b>Total this request: \$</b> _____						Attendance: _____				Project category: _____	
<b>Total previous requests: \$</b> _____						Applicant award: _____					

\_\_\_\_\_  
*Agency / Project Director Signature*

\_\_\_\_\_  
*Date*

**Total to date: \$** \_\_\_\_\_

**Total A-Tax Grant Award Amount: \$** \_\_\_\_\_