

**City of Camden
Accommodations Tax Grant Program
Expense Data Sheet for Reimbursement (FY 2024-2025)**

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
Total this request: \$ _____						Attendance: _____				Project category: _____	
Total previous requests: \$ _____						Applicant award: _____					

Agency / Project Director Signature

Date

Total to date: \$ _____

Total A-Tax Grant Award Amount: \$ _____

*A-Tax Reimbursement
Billing Data Sheet
Updated 8/1/24*