**City of Camden**
**Accommodations Tax Grant Program**
**Expense Data Sheet for Reimbursement (FY 2026-2027)**

**Organization:** _____

**Project Title:** _____ **Date:** _____

**Total project budget:**_____

**Reimbursement Request (check one): partial**_____ **final**_____

| | | | | | | *Office Use Only* | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 |
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**Total this request:** $ _____

**Total previous requests:** $ _____

**Total to date:** $ _____

**Total A-Tax Grant Award Amount:** $ _____

| | |
|---|---|
| Attendance: | Project category: |
| Applicant award: | |

_____
*Agency / Project Director Signature*

_____
*Date*

*A-Tax Reimbursement*
*Billing Data Sheet*
*Updated 3/2/26*