



TRAVEL & TOURISM
BUREAU

2026 Request for Disbursement

GRANT	RECIPIENT
Name	
Street Address	
City	State Zip Code
Total Grant Amount Awarded: \$_____	

For Office Use	
Check #	
Check Amt.	
Check Date	
Balance Due Recipient After This Payment	

Invoice Date	Invoice Number	Invoice Received From	Amount Paid

Invoices Submitted By:	
Name	
Title	Date