



TRAVEL & TOURISM  
BUREAU

# 2025 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