

Signature

FY24 Accommodations Tax Grant Payment Request Form

Organization:				
Contact:				
Address:				
Phone:		Email:		
Amount Requested*:				
Per Richland County Policy, use provided once a Mid-Year re				the balance of the allocated will
Budget Item	Amount Approved	Amount Previously Drawn	Amount Requested this Draw	Remaining Balance
	Tota	al Amount Requested:	\$	
of funds you are requesting Marketing or Security). 2. A current balance	enses - Please attach g. The list should in sheet, which is defin	an itemized list of expeclude vendor name, amo	nditures. The total shown and expense categories of a company at a given	ald match the total amount ry (Entertainment, wen date in time that lists a
	statement which lists			ry, or net worth. It can also n business to portray its no
For organizations who recovour 2022-2023 projects/p				ed final report form for
ORGANIZATION SIGN Provide signature of the Auttachments.		within organization, veri	fying accuracy of above	e statements and

Date