

DRAWDOWN REQUEST FORM

KLAMATH COUNTY TOURISM GRANT PROGRAM

Please complete and submit this form to the Tourism Grant Coordinator at the address listed below to receive your grant funds. **20% of the grant is withheld until the final report is submitted.**

_____	Amount of Award: \$ _____
Name of Organization	Grantee Code _____

Address	

City, State, Zip	

Contact Person	

Phone Number	

Federal Tax ID # or SSN	

Title of Project	

Balance of Award:	\$ _____
Drawdown Requested:	\$ (_____)
Remaining:	\$ _____

I/We, the administrator(s) of this project, certify that the attached invoices are accurate and that our project did receive the services/supplies being billed in accordance with the provisions of the Tourism Grant program.

_____	_____	_____
Signature	Title	Date

Attach documentation of the expenses to justify your request: (documentation could include copies of bills, invoices, canceled checks, receipts, etc.) The amount requested should **not** exceed your documentation.

- ✓ All (up to 80% pending final report) or a portion of the awarded grant funds may be drawn down, as necessary.
- ✓ Checks will be issued according to the County's usual accounts payable schedule.
- ✓ Requested amount must be equal to or less than the total of all attached documentation (bill, invoice, receipts, canceled checks, etc.).
- ✓ Klamath County will not reimburse any costs that are incurred before the grant agreement date.
- ✓ Please contact Finance Grant Coordinator at 541-883-4202 ext. 3035 with any questions.

Submit to:
Klamath County Finance
305 Main Street
Klamath Falls, OR 97601