



## Kittitas County – Hotel Motel Funds

When submitting for reimbursement, please complete the following information to accompany your invoices.

Please send requests to:

Kittitas County Auditor  
 Attn: Accounting Department  
 205 West 5<sup>th</sup> – Suite 105  
 Ellensburg, Wa 98926  
 Auditoraccounting@co.kittitas.wa.us

Date	
Name & Address of Organization Requesting Reimbursement	
Name of Person Submitting Request	
Contact Number	
Email Address	
Project Name/Event Name	
Amount of Total Contract	\$
Amount of Reimbursement	\$

*I certainly under penalty of perjury: the information contained in this request for reimbursement is true and correct; I am authorized to certify and submit this request; and I am requesting reimbursement of money I actually spent for the Project or event as described in the Agreement/Application with Kittitas County.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<i>Total Authorized</i>	\$
<i>Previous amount requested this year</i>	\$
<i>Amount of this request</i>	\$
<i>Adjusted amount of request</i>	\$
<i>Balance Left</i>	\$
<i>Entered into Spreadsheet – Initials</i>	
<i>Bill to other Governmental Entity</i>	
<i>Auditing Officer Initials</i>	