

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	

Address	

City, State, Zip	

Contact Person	

Phone Number	

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 must equal or exceed your documentation.

- ✓ All 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.
- ✓ Please contact the Klamath County Finance Office at 541-883-4202 with any questions.

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