

Event Sponsorship Funding Payment Request

EVENT INFORMATION

Name of Event: _____ Dates of Event: _____

Organization Name: _____

To receive payment for Local Event Marketing Funding, please submit the following:

1. Invoice from your organization to Santa Rosa County.
2. Proof of Performance (e.g., itemized vendor invoice, tear sheet, online screen shot, run schedule, website analytics report) showing out-of-market audience and Navarre Beach, Florida's Most Relaxing Place logo and/or web link.
3. Proof of Payment (e.g., front and back of cleared check, credit card receipt, bank statement.)
4. Verification of Room Nights (e.g., lodging report, registration roster, visitor surveys, ticket sales, zip codes.)
5. Current W-9.

Please provide payment information & the mailing address:

Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZED USES REQUESTED FOR PAYMENT:

APPROVED EXPENSE	AMOUNT
TOTAL (May not exceed total funding as noted on the application.)	\$

MARKETING & PROMOTIONAL ACTIVITIES