

# 2017

## Reimbursement Packet Cultural Event Funding



**MONROE COUNTY TOURIST DEVELOPMENT COUNCIL**

**Organization**  
**Event Title**  
**Allocation**  
**ID#**

## REIMBURSEMENT REQUEST COVER SHEET

**Mail completed Cultural Umbrella reimbursement requests to the following address:**  
 Monroe County Tourist Development Council  
 P.O. Box 1398  
 Key West, FL 33041

**Name of Organization:**

**Name of Event:**

**\$ Contract ID:**

**Agreement Expiration Date:**

**Line Item Number:**

| Check # or<br>Name of Credit<br>Card Used  | Check or<br>Credit Card<br>Date | Payee | Reason  | Amount<br>Paid |
|--|---------------------------------|-------|---|----------------|
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
|  |                                 |       |   |                |
| (Extra expenditure listing sheets are available for your use at<br>the back of this packet – please insert behind page 1 if needed.) |                                 |       | Total of Above Submissions:   |                |
|  |                                 |       | Total of Prior Payments:  |                |
|  |                                 |       | Total Requested and Paid ( <i>this request plus all previous payments</i> )         |                |
|  |                                 |       | Total Contract Award:   | <<AWARD>>      |
|  |                                 |       | Balance of Contract ( <i>Total Contract Award minus Total Requested and Paid</i> ): |                |

I certify that the goods/services on the attached original invoices, submitted to the Monroe County Tourist Development Council for direct payment, have been received

I certify that the above checks, submitted for reimbursement, have been submitted to the vendors as noted and that the expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the Monroe County Tourist Development Council and the Monroe County Board of County Commissioners and will not be submitted for reimbursement to any other funding source.

Cancelled checks, when required, must include a copy of the bank statement showing that the check has cleared and a copy of the actual check from statement back-up. All other personal information may be blacked out for privacy.

\_\_\_\_\_ Date \_\_\_\_\_  
 Event Coordinator

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

\_\_\_\_\_  
 Federal I.D. or Social Security Number

Attachments (supporting documentation)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

ID#: \_\_\_\_\_  
 Project#: T-X

## ATTACHMENTS AND CHECK LIST

(Complete and Submit with Reimbursement Request)

**PLEASE contact the TDC office ahead of reimbursement at (305) 296-1552, if you have any questions.**

- I am the President or Board Officer of the Organization listed within the signed Contract (If this has changed at any time during the term of the contract, please contact the TDC office immediately (305-296-1552 and ask for Ammie Machan or Maxine Pacini).
- I have reviewed and followed Exhibit A of the Contract: Acceptable Event Marketing Expenses for Cultural Event.
- I have received and followed Exhibit B of the Contract: Logo / Acknowledgement Usage Guidelines for Cultural Events.
- I understand that I will only be reimbursed for costs directly related to items listed in Exhibit A. The TDC does not pay for telephone charges; mailing or postage costs; travel expenses such as airline tickets, gas, rental cars, etc. I will contact the TDC office ahead of reimbursement at (305) 296-1552, if I have any questions regarding my submission.
- I have enclosed invoices, supporting documentation in context, and proof of payment to that entity in the form of a copy of the check with bank statement showing check has cleared; or credit card statement showing payment made – credit card used must be in the name of the organization that the agreement is entered into.
- I have included all completed vendor's W-9 forms with Monroe County Tourist Development Council direct payment vendor requests. (Blank W9 Attached)
- I have enclosed labeled photographs of the event that illustrate the contractor's scope of services.
- I have completed the Reimbursement Request Cover Sheet and have securely attached all of the above mentioned documentation.
- The notarized verification statement shown below my request for reimbursement, or direct payment to vendors, has been signed and notarized.

## Further Clarification on Required Submissions for Reimbursement

**An original invoice is required for a direct payment to vendors; if the event contractor has paid the invoice and is seeking reimbursement, a photocopy of the invoice and back up material is acceptable.**

**As noted within the Acceptable Event Marketing Expenses, there cannot be more than a 10% deviation on the approved line item budget.**

**PLEASE contact the TDC office ahead of reimbursement at (305) 296-1552, if you have any questions regarding your submission.**

**Newspaper or Magazine Advertisements:** Submit “tear sheet” – a complete newspaper/magazine page (or copy thereof), along with full publication or title page and date as proof of placement, together with the invoice from publication.

**Television and Radio Advertisements:** Advertising must include an invoice and station/company form showing dates and times of airing and a notarized affidavit from station/company substantiating the air dates and times. Also, a DVD or other visual of the advertisements must be included. An invoice and ad script shall be attached to **radio station** form showing dates and times of airing, and a notarized affidavit from radio station substantiating the air date and times. Prerecorded radio advertisement may be submitted on disc or USB drive.

**Digital Advertising URL links on websites, pre-roll video, banners, mobile banners and e-mail blasts:** A photocopy or screen shot of the banner from the website/mobile site showing the TDC logo. A Quicktime (.mov) file, Dropbox link or DVD of the pre-roll video showing the TDC logo with a **performance report** from the vendor also showing the advertising dates or run dates. A photocopy of the E-blast showing the TDC logo. A screen shot identifying the website on which the button, banner and/or website link is shown.

**Posters and Banners:** If the size of the piece precludes inclusion as backup (i.e. banner and/or poster), photos of the piece, clearly showing all lettering and the correct TDC logo, as outlined in the contract, will be accepted. Posters must be poster sized (larger than letter sized – 8 1/2”X11”) and be produced on heavyweight/poster stock.

**T-Shirts and Hats:** A photocopy of the front and/or back of these promotional items showing the correct TDC logo, as outlined in the contract, and one or more of the following – name of the event, date (i.e. year) and location (i.e. Key West, Key Largo) -- shall be attached to the invoice when requesting payment or reimbursement. (NOTE: YOU NEED NOT SUBMIT ACTUAL ITEMS)

**Direct Mail Promotions:** An original of the brochure, postcard or pamphlet, showing the correct TDC logo, as outlined in the contract, and postage/ mailing receipts and mailing list shall be attached to the invoice as backup. *Event applications, registration forms, and/or flyers are not a TDC acceptable expense.*

**Programs:** An original of the program shall be attached to the invoice as backup.

**Photo Program Processing:** (as approved by Stuart Newman Associates) In the case of the agency of record approving a photo program for promotion of your event, the receipt or invoice shall be attached to a contact sheet.

**Reimbursement requests received after the contract expiration date will not be accepted.**



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

|   |  |   |
|---|--|---|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)  |   |
|   | Business name/disregarded entity name, if different from above   |   |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |
|   | Address (number, street, and apt. or suite no.)  | Requestor's name and address (optional) |
|   | City, state, and ZIP code  |   |
| List account number(s) here (optional)                |  |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |

| Employer identification number |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
|                                |  |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                                  |              |
|------------------|----------------------------------|--------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.