

MONROE COUNTY TOURIST DEVELOPMENT COUNCIL

REIMBURSEMENT PACKET

CAPITAL PROJECT FUNDING

Name of Organization

Name of Project

Amount Funded

2018

REIMBURSEMENT REQUEST COVER SHEET

Mail or deliver completed reimbursement requests to the following address:

Monroe County Tourist Development Council
 1201 White Street (Suite 102)
 Key West, FL 33040

Name of Organization:

Name of Project:

\$ Contract ID:

Project Expiration Date:

Line Item Number:

Check # or Name of Credit Card Used	Check or Credit Card Date	Payee	Reason	Amount Paid
A) Total of Above Submissions:				
B) Total of Prior Payments:				
C) Total Requested and Paid (A+B):				
D) Total Contract Amount:				
E) Balance of Contract (D-C):				

Extra expenditure listing sheets are available for your use at the back of this packet – please insert behind page 1 if needed.

ID#:

ATTACHMENTS AND CHECK LIST
(Complete and Submit with Reimbursement Request)

- I am the President of the Organization or the Project Manager listed within the signed Agreement (If this has changed please contact the TDC office immediately (305-296-1552 and ask for Ammie Machan or Maxine Pacini).
- I have reviewed Exhibit A of the Agreement and there are no changes (Contact the TDC office immediately if there are differences between Exhibit A and the work you have completed (305-296-1552 and ask for Ammie Machan or Maxine Pacini).
- I am submitting for Segment # ____ of ____ (Refer to Exhibit A).
- 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 if I have any questions regarding my submission.
- I have paid 100% of the segment or project cost up front to the entity completing work and have enclosed invoices 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 who the agreement is entered into.
- My project amount exceeded \$50,000 and I am including backup to show that I followed the bidding/procurement guidelines of Monroe County or a notarized statement as to why this was unobtainable. (TDC Capital Project Competitive Solicitation Guidelines can be viewed at www.monroecounty-fl.gov/tdc).
- My project cost was under \$50,000 and I am submitting 3 quotes which I received for the work completed or a notarized statement as to why this was unobtainable.
- I have attached copies of all contracts with contractors and sub-contractors.
- I have enclosed before and after pictures of the completed project.
- I will permanently display and maintain at my organizations own expense, public acknowledgement of the support of the Monroe County Tourist Development Council in a publicly prominent area of the facility in the following form: “This project was made possible with the financial support of the Monroe County Tourist Development Council.” A photograph of said acknowledgment is attached.
- I have completed the Reimbursement Request Cover Sheet and have securely attached all of the above mentioned documents.
- I have contacted the Monroe County Engineering Department at the number listed in my Agreement and they have inspected my project and signed off approval. I have attached the signed approval as part of my reimbursement packet.
- I have attached a notarized verification statement to this request for reimbursement.

REVIEW AND APPROVAL BY MONROE COUNTY ENGINEERING DEPARTMENT

(Must be completed before submitting for reimbursement)

I certify that as a representative of the Monroe County Engineering Department, I have reviewed and inspected the segment(s) of the project outlined under this request for reimbursement and it is my determination that the scope of services outlined in Exhibit A have been met.

Authorized Signature Representing Monroe County Engineering Department

Printed Name

Date of Inspection

VERIFICATION

(To be completed by the President of the Organization or Project Manager; notarized and returned with submission for reimbursement)

I swear and certify that the information contained within this submission for reimbursement is true and correct, and that I am the duly authorized representative of this capital project submission.

President or Project Managers Name (Printed)

Signature of President or Project Manager

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personal known to me ____ or produced a form of Identification_____.

Notary Public

My Commission Expires: _____

Notary Stamp:

