2023

Reimbursement Packet
Fishing Tournament Funding

MONROE COUNTY TOURIST DEVELOPMENT COUNCIL

Organization
Event Title
Allocation
ID#
Mail completed Fishing Event 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 Event:
Funds Allocated: $
Line Item Number:

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<th>Check # or Name of Credit Card Used</th>
<th>Check or Credit Card Date</th>
<th>Payee</th>
<th>Reason</th>
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(Extra expenditure listing sheets are available for your use at the back of this packet – please insert behind page 1 if needed.)

Total of Above Submissions:
Total of Prior Payments:
Total Requested and Paid (this request plus all previous payments)
Total Contract Award: <<AWARD>>
Balance of Contract (Total Contract Award minus Total Requested and Paid):

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)
Subscribed and sworn to before me, by means of ☐ physical presence or ☐ online notarization, on ______________________ (date) by ______________________ (name of affiant). He/She is personally known to me or has produced ______________________ (type of identification) as identification.

______________________________________
NOTARY PUBLIC     My Commission Expires:     ______________________________________

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 Fishing Event.

☐ I have received and followed Exhibit B of the Contract: Logo / Acknowledgement Usage Guidelines for Fishing 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 – 81/2”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.

Trophies: The original invoice is required for a direct payment to vendor, also an original invoice is required for reimbursement to event contractor. Both require inclusion of a notarized list of winners of the event and a notarized list of the plates and/or glass etching from the engraving company.

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

Please Print Name

Federal I.D. or Social Security Number

Attachments (supporting documentation)

Subscribed and sworn to before me, by means of ☐ physical presence or ☐ online notarization, on ______________ (date) by __________________________ (name of affiant). He/She is personally known to me or has produced __________________________ (type of identification) as identification.

__________________________________________________________________________________

NOTARY PUBLIC

My Commission Expires: _______________________