

Kittitas County Event or Tourism Facility Lodging Tax Expenditure Report Worksheet



RETURN COMPLETED FORM TO:

Kittitas County Auditor Accounting
 E-MAIL: AuditorsAccounting@co.kittitas.wa.us
 205 West 5th Ave – Suite 105
 Ellensburg, Wa 98926
 Phone Number: 509-962-7502 FAX Number: 509-962-7687

WORKSHEET IS DUE: NO LATER THAN 60 DAYS AFTER THE END OF YOUR EVENT

ACTIVITY	
Activity Name: _____	
Organization Name: _____	
Activity Type (see glossary page 3): _____	
Activity Date: _____	
Start Date: _____	End Date: _____
Funds	
Requested: _____	
\$ _____	
Awarded: _____	
\$ _____	
Total Cost of Activity	
\$ _____	

ATTENDANCE INFORMATION			
	Predicted:	Actual (Estimated):	Method (see pg.3)
Overall Attendance:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			
Attendance, 50+ miles:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			
Attendance, Out of State, Out of Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			
Attendance, Paid for Overnight Lodging:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			
Attendance, Did Not Pay Overnight Lodging:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			
Paid Lodging Nights:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Notes:			

See Glossary (page 2) for information on:
 Activity Types, Attendance, Paid lodging nights and Predicted and Actual

See Methodology description (page 3) for information:
 How to complete methodology regarding attendance information.

Submitted By: _____

Email and Phone Number: _____

Date: _____

Keep a copy for your records.