



Kittitas County – Hotel Motel Funds

When submitting for reimbursement, please complete the following information to accompany your invoices.

Please send requests to:

Kittitas County Auditor
 Attn: Accounting Department
 205 West 5th – Suite 105
 Ellensburg WA 98926

Date	
Name & Address of Organization Requesting Reimbursement	
Name of Person submitting Request Contact number	
Project Name	
Amount of Reimbursement	

Auditor's Office use only

Total Authorized	\$
Amount of this request	\$
Previous amount requested this year	\$
Balance Left	\$
Entered into Spreadsheet - initials	
Auditing Officer initials	