



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
Auditorsaccounting@co.kittitas.wa.us

Date	
Name & Address of Organization Requesting Reimbursement	
Name of Person Submitting Request	
Contact Number	
Email Address	
Project Name/Event Name	
Amount of total Contract	\$
Amount of Reimbursement	\$

I certify under penalty of perjury: the information contained in this request for reimbursement is true and correct; I am authorized to certify and submit this request; and I am requesting reimbursement of money I actually spent for the Project or Event as described in the Agreement/Application with Kittitas County.

 Signature Date Print Name

Auditor's Office use only

Total Authorized	\$
Previous amount requested this year	\$
Amount of this request	\$
Adjusted amount of request	\$
Balance Left	\$
Entered into Spreadsheet - initials	
Bill to other Governmental Entity	
Auditing Officer initials	