LODGERS' TAX
REIMBURSEMENT REQUEST

A. Grantee: _____ Remit to: City of Truth or Consequences

B. Contact: _____ Attn: _____

Address: _____ 505 Sims Street

Phone #: _____ Cell # _____ Truth or Consequences, NM 87901

C. Project Name _____ Amount Awarded: 25/26

Company/Vendor	Expense Amount	Does invoiced amount match reimbursement amount? If no, explain.	Reimbursement Amount Requested
		Total Reimbursement Requested	$ -

$ - Amount awarded minus $ - Total Reimbursement Requested equals $ - Remaining Balance

If you have remaining funds, do you wish to revert them back to Lodgers' Tax Advisory Board for redistribution? Yes _____ No ____

You must attach invoices, receipts, images/scripts, and if available analytics.

Under penalty of law, I certify that all the above expenditures are true and correct and are for appropriate purposes in accordance with the terms and conditions of the pertinent Grant and that payment has not been received.

Signature of Applicant	Typed or Printed Name	Date

Rev. 3/2026