

Pickens County Accommodations Tax Funding Follow-up Report

Please complete and return this form and the requested information within 30 days after completion of your project

DATE:

I. Project Name: _____ Number: _____

II. Organization: _____

Sponsor: Name: _____ Title: _____

Address: _____

_____ Phone: _____

III. Accommodations Tax Funding Amount: _____

IV. Please attach, where applicable, the following:

1. Event report

2. Press Release

3. Attendance Records, including local and out of town attendees

4. Completed Event Budget, including all income, sources and expenditures

V. Comments