

DTPID Post-Event Reimbursement Form

Submitted 30 days after Event Ends

Hotel Name:			
Street Address:		Primary Contact Name:	
City/State/Zip:		Contact's Title:	
Main Phone Number:		Contact's Phone No:	
Website:		Contact's Email:	

Event Name:			
Event Start Date:		Event End Date:	
% of Inventory at Peak:		DTPID Approval Date:	

DTPID Funds Pre-Approved:		<i>(from original application)</i>
Actual Expenses Eligible for DTPID Reimbursement:		<i>(from past-event info below)</i>

Actual Expenses/Use of DTPID Funding							
Category	Advertising/PR	Promotion	Web/Tech.	Printing/Dist.	Research	All Other	TOTAL
Event Total							
DTPID \$							
DTPID %							

Actual Funding and Return on Investment: *(attach pick-up report)*

- Your number of **Hotel Room Nights** as determined by pick-up report
- Multiplied by **Contracted Hotel Rate** to get **Total Revenue**
- Divide **Total Revenue** by 10 to get the 10:1 required ROI = **Maximum Eligible DTPID Amount**

Hotel Room Nights _____ x Room Rate _____ = Total Revenue _____ ÷ 10 (for ROI) =
 _____ Maximum Eligible DTPID Amount

When submitting this Individual Hotel Incentive Application, signatories acknowledge the information contained herein as accurate and agree to review of all related event materials and final support documentation prior to DTPID payment.

	Signature:	Email:	Date:
Applicant:			
GM:			

Please submit Final Report via email to Sheryl@VisitDallas.com