

Submit to County Auditor's Office  
within 60 days after date of event

# POST EVENT REPORT

## HOUSTON COUNTY HOTEL OCCUPANCY TAX FUND

Send to: Houston County Auditor  
401 E. Goliad, Ste 204, Crockett, TX 75835  
OR FAX to 936-544-3260

### Organization Information

Name of Organization: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

### Event Information

Name of Event or Project: \_\_\_\_\_

Scheduled Date(s) of Event: \_\_\_\_\_ Was the event postponed or rescheduled? Yes / No \_\_\_\_\_

If event was rescheduled, what is the new date: \_\_\_\_\_

### Funding Request

Total Amount Received: \$ \_\_\_\_\_

Total Amount Used per Line Item Claimed in Application:

Amount	Line Item
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

(Attached items should include invoices and proof of payments for items claimed above.)

### Attendance/Hotel Occupancy

What was the attendance of the event: \_\_\_\_\_ Did the event charge admission: \_\_\_\_\_

Did you negotiate a special rate or hotel/event package to attract overnight stays (block rate) and advertise with your event? \_\_\_\_\_

How many rooms did you estimate would be rented/reserved for those attending the event/project in Houston County hotels in your application: \_\_\_\_\_

How many rooms were actually rented/reserved during the event/project: \_\_\_\_\_

### Additional Event Information

Did you include **Supported with Houston County Hotel Occupancy Funds** on your advertisements? \_\_\_\_\_

What Houston County businesses did you utilize for food, supplies, materials, printing, etc? \_\_\_\_\_

PRINTED NAME/TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

SUBMIT TO: HOUSTON COUNTY AUDITOR'S OFFICE, 401 E. GOLIAD, STE 204, CROCKETT, TX 75835 / FAX-936-544-3260

Date Auditor's Office Received Report: \_\_\_\_\_ Audited/Reviewed: \_\_\_\_\_