

Eureka Springs CAPC Market Funding Support Reimbursement Request

ES CAPC 36 S Main Eureka Springs 479-253-7333

List adv	ertising expenses not paid direc	tly by the CAPC for the funded event. Sup	porting documentation
		cation must be attached to be considered	
Date	Vendor	Description	Amount
	•	Total	
fidavit:			
		sing for the above named event in compliance	e with the Funding Request
uidelines.	They are true and accurate.		
Date:		Signature:	
	Make check payable to:		
	Mailing Address:		

visiteurekasprings.com/partners/fundingrequest