



Post Event Report Form

Organization Information

Organization Name: _____ Date: _____

Organization Website: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Phone: _____ E-mail: _____

Project or Event

Project or Event Name: _____ Event Date & Year: _____

Hotel Occupancy Tax Funds: Amount Approved: _____ Used: _____

How were the funds actually used? Please include receipts. _____

What would you estimate was the actual attendance at the event? _____

How did you obtain this number? _____

Please attach samples of documents showing how the Levelland was recognized in your advertising and promotional campaign. Required for reimbursement.

What Levelland businesses did you utilize for food, supplies, materials, printing, etc.? Please include receipts as available. _____

What **other** businesses did you utilize for food, supplies, materials, printing, etc.? _____

Will your event be held in Levelland next year (**please list future event dates**)? If not, where? _____

How can we further enhance your Levelland experience next year? _____

Signature of Event Representative: _____ Date: _____

Please Submit to: Levelland Chamber of Commerce & Main Street Program

1101 Ave. H

Levelland, TX 79336

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