

WACO

WACO TOURISM PUBLIC
IMPROVEMENT DISTRICT

Client Incentive Request & Justification Form

Date Submitted: _____

CVB Contact: _____

JUSTIFICATION FOR REQUEST

Please note if you are requesting an exception from the ROI requirement, and the justification for this request

MEETING INFORMATION	
Organization:	
Meeting Classification:	Sports Association Corporate Government Other
Event/Meeting Name:	
Event Dates:	
Last held in Waco:	
Estimated Attendance:	
Estimated hotel tax:	

PROJECTED HOTEL ROOM FLOW (REQUIRED)								
Day of Week:	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL ROOM NIGHTS
Date:								
No. of Rooms:								
Which Hotel(s) will be utilized:								
Room Flow Source:								

RETURN ON INVESTMENT (must be at least 7:1)	
Total estimated hotel revenues	
Requested incentive	
Return on Investment (revenues/incentive)	Meets 7:1 criteria? Yes: <input type="checkbox"/> No: <input type="checkbox"/>



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INCENTIVE REQUESTED	
Incentive Amount Requested by Customer:	
Please detail other requested sources of grants or funding (CVB, etc.) and amounts	Amount(s) requested: \$ _____ From what source(s)? Has this other funding been approved? Yes No
Incentive Amount Approved:	
Date the incentive was approved by TPID Board:	

W-9 FORM MUST ACCOMPANY REQUEST FOR SIGNATURE UNLESS THIS IS FOR A BID

Submitted by (Printed Name and Title)

Signature

Date

Reviewed by (Printed Name and Title)

Signature

Date

Approved by (Printed Name and Title)

Signature

Date

CHECK REMITTANCE INFORMATION	
Check Payable to:	
Attention to:	
Address (must match W-9):	
Month and Year to be paid:	

**** Attach Customer's Completed W-9 Form unless this is for a bid ****