



**COUNTY OF LEXINGTON**  
**ACCOMMODATIONS TAX FUND**  
**FY 2024/25 FINAL REPORT**

**(SUBMIT BY END OF FISCAL YEAR WITH FINAL INVOICE)**

**I. PROJECT INFORMATION**

Organization Name	
Project/Event Name	
Contact Name & Phone Number	

**II. PROJECT COMPLETION**

Were you able to complete the project/event as stated in your original application?

Yes       No

*If no, state any problems you encountered.*

**III. PROJECT SUCCESS**

Please share any additional comments regarding the project/event (e.g., lessons learned, successes, problems encountered, etc.).

**IV. PROJECT ATTENDANCE**

Record numbers in the table below as required by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for projects/events for current and previous years.

<b>Total Budget of Project/Event</b>	<b>Current Year FY 2024/25</b>	<b>Previous Year FY 2023/24</b>
Amount funded by Lexington County Accommodations Tax Funds		
Amount funded by Accommodations Tax Funds from all sources		
Total attendance		
Total tourists*		

*\*Tourists are generally defined as those who travel 50 miles or more to attend.*

**V. METHODS**

Please describe the methods used to capture the attendance data listed above (i.e. license plates, surveys, etc.).

**VI. PROJECT BUDGET**

Attach a report indicating what project/event expenses were paid using the Lexington County Accommodations Tax Funds for the fiscal year.

**VII. ORGANIZATION SIGNATURE**

Provide signature of official with the organization verifying accuracy of above statements.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**