COUNTY OF LEXINGTON

ACCOMMODATIONS TAX FUND

FY 2027/28 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 you answered **no**, please state any problems that 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.

Total Budget of Project/Event	Current Year FY 2027/28	Previous Year FY 2026/27
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** _____