

REQUEST FOR REIMBURSEMENT

MUNICIPAL/COUNTY GRANT-IN-AID PROGRAM

2013 – 2014

MUNICIPALITY _____ COUNTY _____

PERIOD COVERED BY THIS STATEMENT FROM _____ TO _____
(starts after approval date)

ADMINISTRATIVE COSTS

(See worksheets)

ADMINISTRATIVE TOTAL

Requested

Amended

\$

MAINTENANCE COSTS (See daily worksheets)

GROOMING TRAILS

Equipment total hours _____ hours

\$

PLOWING REMOTE PARKING AREAS ONLY

Hours/rate _____

\$

MISC. MAINTENANCE (Brush Cutting/Bridges/Signing)

Labor Hours _____

\$

Equipment Hours _____

\$

Equipment Hours _____

\$

Equipment Hours _____

\$

Hours _____

\$

Material (lumber/paint/stakes) see worksheet for details

\$

MAINTENANCE TOTAL

\$

TOTAL AMOUNT OF INVOICE

\$

State Use Only

OF INVOICE

% STATE SHARE \$

TOTAL APPROVED PROJECT COST	\$ _____	STATE GRANT	\$ _____
TOTAL EXPENDITURES TO DATE		STATE	
INCLUDING THIS REQUEST (include		REIMBURSEMEN	
previous expenses)	\$ _____	T	\$ _____
 REMAINING BALANCE	 \$ _____	 STATE GRANT	 \$ _____

**FINAL PAYMENT
REQUEST?** ☐ **YES** ☐ **NO**

I hereby certify that the materials and/or services shown on the attached invoices have been delivered, that this is my only original invoice, and is correct and just, that said expenses have been paid by this community and that no part of same has been included in previous reimbursement requests.

MUNICIPALITY _____ **COUNTY** _____

SIGNATURE _____ **TITLE** _____

DATE _____

Mail to:

**DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
SNOWMOBILE PROGRAM
22 SHS
AUGUSTA, ME 04333-0022**

For State of Maine Office Use Only	
This invoice approved for payment by:	
Director, Off Road Vehicles Office	Date