



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
BUREAU OF PARKS AND LANDS
SNOWMOBILE PROGRAM
22 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0022
REQUEST FOR REIMBURSEMENT
MUNICIPAL/COUNTY GRANT-IN-AID PROGRAM
 Yr _____ - _____

Municipality _____ County _____

Period Covered By This Statement From _____ To _____
 (starts after approval date)

Administrative Costs

(See worksheets)

	<i>Requested</i>	<i>State Use Only</i>
Administrative Total	\$	

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 _____

	\$	
--	----	--

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

	\$	
--	----	--

Maintenance Total

	\$	
--	----	--

Total Amount Of Invoice

	\$	
--	----	--

<i>State Use Only</i>	
	% Of Invoice State Share \$ _____

		<i>Requested</i>		<i>State Use Only</i>	
Total Approved Project Cost	\$	_____		State Grant (70%)	\$ _____
Total Expenditures To Date Including This Request (include previous expenses)	\$	_____		State Reimbursement	\$ _____
Remaining Balance	\$	_____		State Grant Balance	\$ _____

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 _____

<i>State Use Only</i>	
This invoice approved for payment by:	
Director, Off-road Recreational Vehicle Office	Date