



**MAINE DEPARTMENT OF CONSERVATION
BUREAU OF PARKS & LANDS
SNOWMOBILE PROGRAM
MUNICIPAL / COUNTY GRANT-IN-AID PROGRAM
REQUEST FOR REIMBURSEMENT
2011 – 2012**

MUNICIPALITY _____ COUNTY _____

PERIOD COVERED BY THIS STATEMENT: _____ TO _____
(cannot be previous to approval date)

ADMINISTRATIVE COSTS

Processing of land use permits

ADMINISTRATIVE TOTAL

\$

DEVELOPMENT (New Trail Construction)

Labor Hours : _____

\$ _____

Equipment Hours: _____

\$ _____

Material (lumber/nails/paint/supplies): _____

\$ _____

DEVELOPMENT TOTAL

\$

MAINTENANCE (Existing Trail Maintenance or Improvement)

GROOMING TRAILS

Labor Hours: _____

\$ _____

Equipment Hours: _____

\$ _____

PLOWING PARKING AREAS

Hours: _____

\$ _____

MISCELLANEOUS MAINTENANCE (Brush Cutting/Bridges/Signing)

Labor Hours: _____

\$ _____

Equipment Hours _____

\$ _____

Materials (lumber/paint/stakes) _____

\$ _____

MAINTENANCE TOTAL

\$

TOTAL AMOUNT OF INVOICE: \$ _____
_____ % OF INVOICE STATE SHARE \$ _____

TOTAL APPROVED PROJECT COST.....	\$ _____	STATE GRANT:	\$ _____
TOTAL EXPENDITURES TO DATE INCLUDING THIS REQUEST (include previous expenses).....	\$ _____	STATE REIMBURSEMENT :	\$ _____
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** _____

DATED _____

**MAIL TO: SNOWMOBILE PROGRAM
22 SHS
AUGUSTA, ME 04333-0022**



FOR STATE OF MAINE OFFICE USE ONLY

THIS INVOICE APPROVED FOR PAYMENT BY:

_____	_____
Director; Off Road Vehicle Division	DATE