



**STATE OF MAINE**  
**DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY**  
**BUREAU OF PARKS AND LANDS**  
**SNOWMOBILE PROGRAM**  
 22 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333-0022

**DISASTER RELIEF GRANT-IN-AID PROGRAM**  
**Reimbursement Request**  
 Year \_\_\_\_\_ to \_\_\_\_\_

Club/Municipality \_\_\_\_\_ County \_\_\_\_\_

Period Covered By This Statement From \_\_\_\_\_ To \_\_\_\_\_

**Postmarked by April 15, \_\_\_\_\_**

	<i>Requested</i>	<i>State Use Only</i>
<i>Administrative Costs</i>		
Processing of application, reimbursement and land use permits		
Administrative Total \$		

<i>Bridge Failure Replacement/Restoration Costs</i>		
Labor Hours _____	\$	
Equipment Hours _____	\$	
Material (Lumber/nails/paint/supplies) _____	\$	
Bridge Total \$		

<i>Erosion Control Due To Storm Damage</i>		
Labor Hours _____	\$	
Earthwork Equipment Hours _____	\$	
Materials (Gravel, culverts, hay, etc.) _____	\$	
Erosion Control Total \$		

<i>Vegetation Mgt. (Brush/Trees Storm Damage)</i>		
Labor Hours _____	\$	
Equipment Hours _____	\$	
Materials (Plants, hay, etc.) _____	\$	
Vegetation Mgt. Total \$		

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

*Requested*

Total Approved Project Cost \$ \_\_\_\_\_  
 Total Expenditures To Date Including  
 This Request (Include Previous  
 Expenses) \$ \_\_\_\_\_  
 Remaining Balance \$ \_\_\_\_\_

<i>State Use Only</i>		
State Grant	\$	
State Reimbursement	\$	
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 entity and that no part of same has been included in previous reimbursement requests.

**Club/Municipality/County** \_\_\_\_\_ **County** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title (Trailmaster/Project Director)** \_\_\_\_\_

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

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