Bureau of Parks & Lands
ATV Grant-In-Aid Program

MUNICIPAL

Trail Maintenance Worksheet

Date	Name	Type of Labor	Hours Worked	Cost of Labor	Equipment Used	Hours Operated	Cost of Equip.	Cost of Misc. Supplies	Location of Work Or List Supplies Used

TOTALS

Total Administration _____**hrs.** _____**Cost**
Total Other Labor _____**hrs.** _____ **Cost**
Total Other Equipment _____**hrs.** _____ **Cost**
Total Misc. Supplies _____**hrs.** _____ **Cost**
Page Total _____**hrs.** _____ **Cost**

SIGNATURE