



MAINE DEPARTMENT OF CONSERVATION
 BUREAU OF PARKS & LANDS
 SNOWMOBILE PROGRAM
 MUNICIPAL/COUNTY GRANT-IN-AID PROGRAM
REQUEST FOR REIMBURSEMENT
 2008 - 2009

MUNICIPALITY _____ COUNTY _____

PERIOD COVERED BY THIS STATEMENT: _____ TO _____

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 _____

FOR STATE OF MAINE OFFICE USE ONLY

THIS INVOICE APPROVED FOR PAYMENT BY:

Director; Off Road Vehicle Division

DATE