



# STATE AID VOUCHER

## OFF-ROAD VEHICLE (ORV) LAW ENFORCEMENT GRANT PROGRAM

*This information is required by authority of Part 811, 1994 PA 451, as amended.*

For Grant Period beginning \_\_\_\_\_, ending \_\_\_\_\_

### CLAIMANT USE ONLY

|   |                   |
|---|-------------------|
| Law Enforcement Agency                    |                   |
| Name of Treasurer                         | Name of County    |
| Street Address of Treasurer (or P.O. Box) |                   |
| City, State, ZIP                          | Federal ID Number |

| EXPENDITURE ITEM   | EXPENDITURE TOTAL | DNR USE ONLY (Approved) |
|--|-------------------|-------------------------|
| 1. Salaries, Wages & Fringes (from Detail of Expenditures, Page 2) | \$                |                         |
| 2. CSS&M (from Detail of Expenditures, Page 3)                     | \$                |                         |
| 3. Equipment (from Detail of Expenditures, Page 4)                 | \$                |                         |
| 4. Less "Receipts" (Insurance, Gas, Tax, Sale of Equipment)        | \$                |                         |
| 5. TOTAL   | \$                |                         |
| 6. State Aid   | \$                |                         |

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the governmental unit listed is entitled to payment of State Aid in accordance with Part 811, 1994 PA 451, as amended, that the above claim is just, true, and correct; that no part thereof has previously been included in a State Aid claim.

|                            |                         |       |
|----------------------------|-------------------------|-------|
| _____                      | _____                   | _____ |
| Fiscal Officer's Signature | Title                   | Date  |
| _____                      | _____                   | _____ |
| County Sheriff's Signature | Printed Name of Sheriff | Date  |

### DEPARTMENT OF NATURAL RESOURCES USE ONLY

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the governmental unit listed to payment of State Aid in accordance with Part 811, 1994 PA 451, as amended. Such expenditures being certified by the County Sheriff and fiscal officer payment is hereby approved.

|           |             |
|-----------|-------------|
| By: _____ | Date: _____ |
| By: _____ | Date: _____ |

|  |
|--|
| <b>Amount of State Aid Certified for Payment</b> |
| \$ _____   |

### FOR DEPARTMENT OF TREASURY USE ONLY

|  |            |  |
|--|------------|--|
| Name of Grant Recipient Audited          | Date       | Audit Results  |
|  |            | <input type="checkbox"/> Account in Order <input type="checkbox"/> Refund Ordered \$ |
| Remarks: _____                           |            |  |
| <input type="checkbox"/> Refund Received | Date _____ | <input type="checkbox"/> Refund Amount _____   |

Return completed State Aid Voucher with ALL Detail of Expenditure Attachments, by October 31 to:

**GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**



Michigan Department of Natural Resources  
 Law Enforcement Division / Grants Management

**STATE AID VOUCHER**  
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|               |
|---------------|
| <b>County</b> |
| <b>Date</b>   |

**DETAIL OF EXPENDITURES - SALARY, WAGES & FRINGE BENEFITS**

| Date Paid            | Voucher Number | Employee Name | Hours Worked | Pay Rate              | Amount Paid |
|----------------------|----------------|---------------|--------------|-----------------------|-------------|
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
|                      |                |               |              |                       |             |
| <b>TOTAL HOURS →</b> |                |               |              |                       |             |
|                      |                |               |              | <b>TOTAL PAGE 2 →</b> | <b>\$</b>   |

Sheet \_\_\_\_\_ of \_\_\_\_\_





Michigan Department of Natural Resources  
 Law Enforcement Division / Grants Management

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|---------------|
| <b>County</b> |
| <b>Date</b>   |

**DETAIL OF EXPENDITURES - EQUIPMENT**

| Date Paid      | Voucher Number | Vendor | Item Purchased | Trade In Received | Actual Cost |
|----------------|----------------|--------|----------------|-------------------|-------------|
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
|                |                |        |                |                   |             |
| TOTAL PAGE 4 → |                |        |                |                   | \$          |

SEND COMPLETED FORM TO:

**GRANTS MANAGEMENT  
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
 PO BOX 30425  
 LANSING MI 48909-7925**